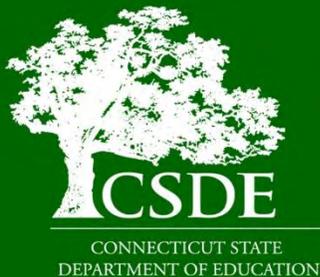


Nutrition Policies and Guidance for the Child and Adult Care Food Program (CACFP)



Accommodating Special Diets IN CACFP ADULT DAY CARE CENTERS



June 2016

**Connecticut State Department of Education
Bureau of Health/Nutrition, Family Services and Adult Education
25 Industrial Park Road
Middletown, CT 06457**

ACCOMMODATING SPECIAL DIETS IN CACFP ADULT DAY CARE PROGRAMS

Connecticut State Department of Education • June 2016

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ABOUT THIS GUIDE

Accommodating Special Diets in CACFP Adult Day Care Centers contains guidance on providing meals for adults with special dietary needs, based on the federal nondiscrimination laws and U.S. Department of Agriculture (USDA) regulations. This guide applies to CACFP adult day care centers.

Each section of the guide contains links to other sections when appropriate, and to Web sites with relevant information and resources. These can be accessed by clicking on the blue highlighted text throughout the guide.

Due to the complicated nature of some issues regarding feeding participants with special dietary needs, CACFP facilities are encouraged to contact the CSDE for assistance on a case-by-case basis. For questions regarding this information, please contact the CSDE CACFP staff (see “[CSDE Contact Information](#)” on the next page).

The mention of trade names, commercial products or organizations does not imply approval or endorsement by the Connecticut State Department of Education (CSDE) or the USDA.

Accommodating Special Diets in CACFP Adult Day Care Centers is part of a series of five guides that comprise the CSDE’s *Nutrition Policies and Guidance for CACFP Adult Centers*. These guides assist adult day care centers with meeting CACFP requirements. The complete set of guides is available on the CSDE’s Nutrition Policies and Guidance for Adult Day Care Centers Web page at www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322694.

- Meal Pattern Requirements
- Crediting Foods
- Accommodating Special Diets
- Sanitation and Food Safety
- Planning Healthy Meals

The contents of this guide are subject to change. The CSDE will update this guide as the USDA issues additional policies and guidance for the CACFP. Please check the CSDE’s [Nutrition Policies and Guidance for Adult Day Care Centers](#) Web page for the most current version.

For more information on *Nutrition Policies and Guidance for CACFP Adult Day Care Centers*, contact Susan S. Fiore, M.S., R.D., Nutrition Education Coordinator, at susan.fiore@ct.gov or 860-807-2075.

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CSDE CONTACT INFORMATION

For questions regarding accommodating special diets in the CACFP, please contact the CACFP staff in the CSDE's Bureau of Health/Nutrition, Family Services and Adult Education.

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ABBREVIATIONS AND ACRONYMS

ADA	Americans with Disabilities Act
APP	alternate protein product
APRN	advanced practice registered nurse
CACFP	Child and Adult Care Food Program
CFR	Code of Federal Regulations
CNP	Child Nutrition Programs
CSDE	Connecticut State Department of Education
DPH	Connecticut State Department of Public Health
FDA	Food and Drug Administration
FNS	Food and Nutrition Service, U.S. Department of Agriculture
PHC	Public Health Code
PKU	phenylketonuria
QFO	qualified food operator
RD	registered dietitian
SOP	standard operating procedure
USDA	U.S. Department of Agriculture

1 — Overview

All CACFP adult day care centers must comply with the U.S. Department of Agriculture (USDA) nondiscrimination regulations ([7 CFR 15b](#)) and CACFP regulations ([7 CFR 226](#)) for accommodating participants with special dietary needs. For information on the CACFP adult meal pattern requirements, see the CSDE’s [Meal Pattern Requirements for CACFP Adult Day Care Centers](#).

The USDA requirements for special dietary accommodations are different for participants with and without disabilities. This guide summarizes the federal nondiscrimination laws and USDA regulations that determine these requirements.

Due to the complicated nature of some issues regarding feeding participants with special dietary needs, CACFP facilities are encouraged to contact the CSDE for assistance on a case-by-case basis. For more information, see “[CSDE Contact Information](#)” at the beginning of this guide.



LEGISLATION REGARDING DISABILITIES

In addition to the USDA regulations, two federal nondiscrimination laws contain provisions that may require special dietary accommodations for participants with disabilities in CACFP adult day care centers. These include:

- [Section 504 of the Rehabilitation Act of 1973](#); and
- the [Americans with Disabilities Act \(ADA\) of 1990](#), including changes made by the [ADA Amendments Act of 2008](#) (P.L. 110-325).

The general guideline in making accommodations is that participants with disabilities must be able to participate in and receive benefits from programs that are available to participants without disabilities.

Section 504 of the Rehabilitation Act of 1973 and the ADA are laws that protect individuals with disabilities from discrimination. Section 504 prohibits all programs and activities receiving federal financial assistance from discriminating against people with disabilities, as defined in the law. The ADA guarantees equal opportunity and access for individuals with disabilities in employment, public accommodations, transportation, state and local governments and telecommunications.

DEFINITION OF DISABILITY

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

Section 504 of the Rehabilitation Act and the ADA

Under Section 504 of the Rehabilitation Act and the ADA, a “person with a disability” means any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. The following diseases and conditions may qualify an individual for protection under Section 504 or the ADA, if the disease or condition meets the qualifying criteria for a physical or mental impairment under Section 504 or the ADA:

- orthopedic, visual, speech and hearing impairments;
- cerebral palsy;
- epilepsy;
- muscular dystrophy;
- multiple sclerosis;
- cancer;
- heart disease;
- metabolic diseases, such as diabetes or phenylketonuria (PKU);
- food anaphylaxis (severe food allergy);
- mental retardation;
- emotional illness;
- drug addiction and alcoholism; *
- specific learning disabilities;
- HIV disease; and
- tuberculosis.

* An individual who is currently engaging in the illegal use of drugs, when an institution acts based on such use, is not a protected individual with a disability under either Section 504 or the ADA. This exclusion does not include individuals currently participating in, or who have successfully completed, a supervised drug rehabilitation program and are no longer engaging in such drug use.

“Major life activities” covered by this definition include functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking and communicating.

The [ADA Amendments Act of 2008](#) specifically prohibits a “mitigating measure” from being used to deny an individual with a disability protection under Section 504. For example, if a participant’s diabetes can be controlled through insulin and diet, the participant still may qualify for protection because these mitigating measures cannot be considered in determining qualification. However, they can be used to determine the accommodations needed for the participant.

USDA Nondiscrimination Regulations

While the USDA regulations use the term “handicapped” to refer to people with disabilities, this guide uses the terms “disability” and “disabilities” because they are consistent with the current language used in the definitions under Section 504 of the Rehabilitation Act, the ADA, and the IDEA.

The USDA nondiscrimination regulations 7 CFR 15b.3 provide the following definition for handicapped person:

“Handicapped Person” means any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

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

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

“Has a record of such impairment” means has a history of, or has been classified as having, a mental or physical impairment that substantially limits one or more major life activities.

“Is regarded as having an impairment” means 1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; 2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments; or 3) has none of the impairments defined above but is treated by a recipient as having such an impairment.

The USDA regulations require substitutions or modifications in meals for participants with a disability that restricts their diet. This applies to all participants who meet the definition of disability under any of the federal regulations, including Section 504 of the Rehabilitation Act, the ADA, and the USDA nondiscrimination regulations. It also includes participants with medical conditions that the USDA considers to be a disability, such as celiac disease. For **more information, see “Criteria Requiring Accommodations” in section 2, and table 1** in this section.

MEAL MODIFICATIONS FOR MEDICAL OR OTHER DIETARY NEEDS

The USDA regulations for the CACFP require that all breakfasts, lunches, suppers and supplements (snacks) served to participants must comply with the meal components and serving sizes in the [CACFP meal pattern for adults](#). However, CACFP facilities may need to make modifications to the meal patterns to meet the dietary needs of participants who qualify for a disability under the federal nondiscrimination laws, or have other special dietary needs.

Examples of possible modifications include food restrictions, substitutions, texture changes (e.g., pureed, ground, chopped or thickened liquids), increased or decreased calories, tube feedings and carbohydrate counts. All meal modifications require a medical statement signed by a recognized medical authority, but there are different requirements for participants with and without disabilities. These requirements are summarized below.

Participants with Disabilities

The USDA nondiscrimination regulations ([7 CFR 15b](#)) **require** meal modifications for participants with disabilities that restrict their diet, when a recognized medical authority certifies the need. CACFP facilities may claim reimbursement for meals provided to a participant with disabilities when the participant or family provides a medical statement signed by a recognized medical authority. All meal modifications must follow the specific instructions outlined in the participant's medical statement.

Participants without Disabilities

The CACFP regulations ([7 CFR 226.20](#)) **permit** meal modifications for participants without disabilities who are unable to consume regular meals because of medical or other special dietary needs, when a recognized medical authority certifies the need. CACFP facilities may choose to make these accommodations on a case-by-case basis, but the USDA does not require them.

CACFP facilities may claim reimbursement for modified meals provided to participants without disabilities only if the meals comply with the CACFP meal patterns, and the participant or family provides a medical statement signed by a recognized medical authority. **For participants without disabilities, meals that do not meet the CACFP meal pattern requirements cannot be claimed for reimbursement, even with a medical statement signed by a recognized medical authority.**



DEFINITION OF RECOGNIZED MEDICAL AUTHORITY

A recognized medical authority is a state-licensed health care professional authorized to write medical prescriptions under state law, and recognized by the State Department of Public Health. In Connecticut, recognized medical authorities include physicians, physician assistants, doctors of osteopathy, and advanced practice registered nurses (APRNs), i.e., nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs. **CACFP facilities cannot accept medical statements signed by someone other than one of the preceding recognized medical authorities.**

REQUIRED MEAL ACCOMMODATIONS

Table 1 helps CACFP facilities determine when meal accommodations are required. CACFP facilities must make meal modifications when participants meet any of the criteria below.

- A participant qualifies as having a disability under any of the federal nondiscrimination laws and the disability restricts the participant’s diet, based on documentation from a recognized medical authority. For more information on special diets for participants with disabilities, see [section 2](#).
- A participant does not qualify as having a disability under any of the federal nondiscrimination laws but a recognized medical authority determines the participant has a disability due to a severe medical need requiring meal accommodations. For more information, see “[Exceptions to Optional Accommodations](#)” in section 3.
- A participant does not qualify as having a disability under any of the federal nondiscrimination laws but the USDA considers the participant’s medical condition to be a disability, e.g., celiac disease. For more information, see “[Celiac Disease](#)” in this section, and “[Exceptions to Optional Accommodations](#)” in section 3.

In each case, the participant or family must provide a *Medical Statement for Adults with Disabilities* form signed by a recognized medical authority before the CACFP facility can make any meal accommodations for the participant. All meal accommodations must follow the written prescription from the recognized medical authority.

The USDA recommends that CACFP personnel work closely with participants, families and recognized medical authorities to determine the appropriate meal modifications for participants with or without disabilities. Facilitating collaboration helps to ensure that CACFP facilities make “reasonable” accommodations to allow for each adult’s participation in the meal service. Effective communication and collaboration also prevent misunderstandings, protecting not only the participant but also CACFP personnel.

In most cases, CACFP facilities can reasonably meet special dietary needs through a diet order with a list of acceptable food substitutions that ensure the modified meal is reimbursable, and meets nutrition standards that are medically appropriate for the participant. CACFP facilities can only make meal substitutions based on **written documentation** from a recognized

medical authority. Substitutions cannot be made based on written or verbal communication from participants or families.

The only exception to the requirement for written documentation from a recognized medical authority is for nondairy milk substitutions for participants without disabilities. CACFP facilities have the option of providing nondairy milk substitutes only for participants without disabilities, based on a written statement from a parent/guardian based on a written statement from the participant or family. All nondairy milk substitutes must meet the USDA's nutrition standards for fluid milk substitutions (see [table 4](#) in section 3).



USDA regulations allow CACFP facilities to accept a written statement from participants or families only for milk substitutions for participants without disabilities. The statement must identify the participant's medical or other special dietary need that precludes cow's milk. For more information, see "[Milk Substitutions for Participants without Disabilities](#)" in section 3.

For participants with disabilities, nondairy milk substitutions and any other meal substitutions require the *Medical Statement for Adults with Disabilities* form. The USDA only allows written requests from participants or families for nondairy milk substitutes for participants without disabilities.

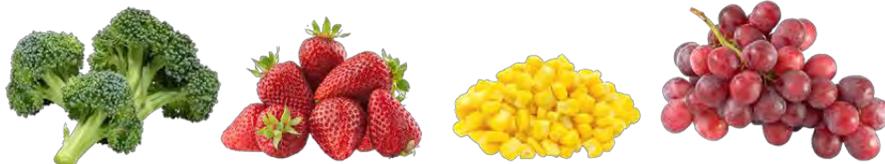
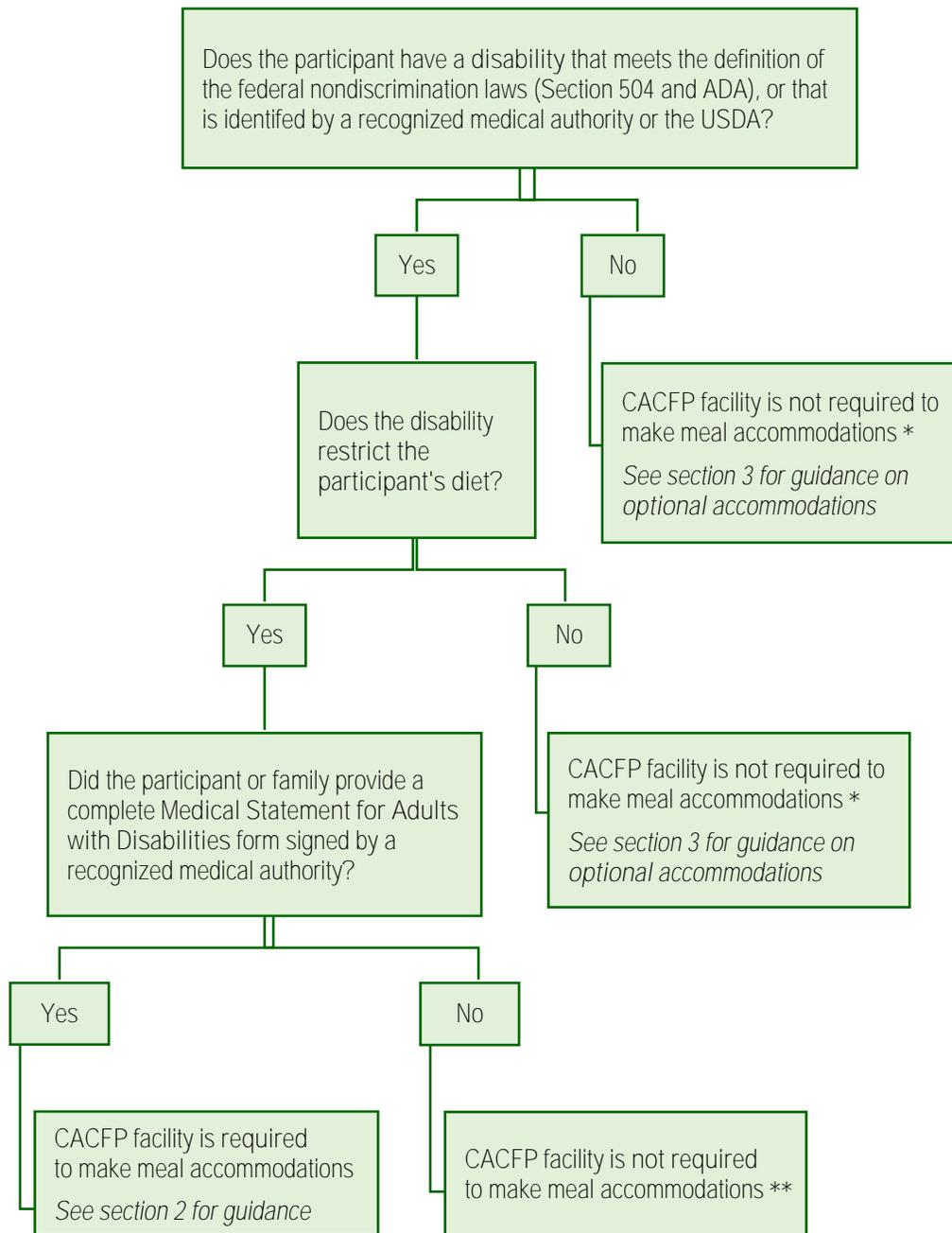


Table 1. Determining if Meal Accommodations Are Required



* Optional accommodations for participants without recognized medical disabilities must comply with the CACFP meal patterns.

** The CACFP facility must have a medical statement on file before making any optional accommodations.

EFFECT OF MODIFICATIONS ON MEAL PATTERNS

The CACFP meal patterns do not apply to meals for participants with medical disabilities that restrict their diet, when the participant or family provides a medical statement signed by a recognized medical authority. **However, optional accommodations for participants without recognized medical disabilities must always be consistent with the CACFP meal patterns, even if the participant or family provides a medical statement signed by a recognized medical authority.** For information on meal modifications for participants without disabilities, see [section 3](#).

REQUIRED DOCUMENTATION FOR MEAL PATTERN SUBSTITUTIONS

CACFP facilities must have documentation on file for any modifications made to the required CACFP meal patterns. The participant or family must provide a *Medical Statement for Adults with Disabilities* form if the participant has a disability or a *Medical Statement for Adults without Disabilities* form if the participant does not have a disability but has special dietary needs.

CACFP facilities must ensure that the participant’s medical statement includes all required information before making any meal accommodations. CSDE CACFP staff has frequently observed medical statements with incomplete information regarding the diet plan. For example, a medical statement might specify the participant’s medical disability but omit the specific food substitutions. In this case, the participant or family must provide the CACFP facility with written information from a recognized medical authority concerning the specific modifications required for their participant. If a CACFP facility encounters difficulties in obtaining the required information, staff should notify the participant or family of the problem, and ask them for help in obtaining a complete medical statement for the participant.

It is important for participants and families to understand that the CACFP facility cannot provide any food substitutions or modifications without an adequate diet prescription on a medical statement signed by a recognized medical authority. In some cases, it may be appropriate and helpful for the recognized medical authority to provide a written referral to a registered dietitian or other qualified medical professional for diet substitutions.



PROCEDURES FOR PROVIDING INFORMATION TO FOOD SERVICE

Close communication between center staff and food service personnel is essential to ensure that participants receive appropriate dietary accommodations. CACFP facilities must establish procedures for identifying participants with special dietary needs, and provide this information to the staff responsible for preparing meals and feeding the participants. For example, food service staff should be aware of participants who are allergic to nuts or have other special diet prescriptions.

CACFP facilities can maintain information for food service personnel in the form of a list identifying the participants and their food restrictions, along with the appropriate substitutions designated by each participant's medical statement. This list would be adequate to document the meal pattern substitutions if the CACFP facility has the original signed medical statements on file with each participant's medical records. The CSDE staff evaluates this information as part of the USDA administrative review of the CACFP facility.

STORAGE AND UPDATES OF MEDICAL STATEMENTS

The CACFP facility should maintain all medical statements in a confidential manner with each participant's medical records. The USDA regulations regarding meal accommodations for special dietary needs do not specify time limits on medical statements for participants with or without disabilities.

Since participants' special dietary needs may change over time, the CSDE strongly recommends that CACFP facilities develop a plan for ensuring that the dietary information on file is current. For example, medical statements could be updated in conjunction with an annual physical or other updates to the participant's medical records. **Any changes to participants' diet orders must be in writing on a medical statement signed by a recognized medical authority.**



The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits the disclosure of personal health information needed for patient care and other important purposes. Copies of participants' medical statements can be shared with CACFP food service personnel for the purposes of accommodating special diets. CACFP food service personnel should have access to this information to allow them to make appropriate dietary accommodations for each participant. The CSDE recommends that CACFP facilities inform participants and families about this sharing of information.

For more information on the requirements for records retention, see CSDE [Operational Memorandum No. 08C-7 and 08H-07](#).

MEAL REIMBURSEMENT AND COST

CACFP facilities cannot charge more for special meals served to participants with or without disabilities. Additional costs for substituted foods are allowable CACFP costs, but the USDA does not provide additional reimbursement. The USDA reimburses all CACFP meals at the same rate.

In most instances involving food substitutions, the costs of special food and food preparation equipment are allowable CACFP costs, and food service personnel will generally be responsible for providing the alternate meal. For example, if a participant must have a pureed meal, it is reasonable to budget CACFP funds to purchase a blender or food processor, and have the meal prepared by the food service staff.



For special procedures like tube feedings, proper administration generally requires the skills of specially trained personnel such as nurses or trained aides who regularly work with the participant (see “[Tube Feedings](#)” in section 2). Centers may charge these costs to the CACFP or other non-CACFP funding sources, as appropriate.

POLICIES FOR SPECIAL DIETARY ACCOMMODATIONS

The CDSE strongly encourages all CACFP facilities to develop a written policy for addressing special dietary accommodations in CACFP meals. Written policies are important because they:

- provide clear guidelines for participants, families and staff;
- ensure consistent practices at all sites and among all staff members;
- document compliance with federal and state requirements and best practices;
- educate participants and families regarding the CACFP facility’s practices and procedures;
- provide a basis to evaluate program activities and staff members; and
- demonstrate the CACFP facility’s commitment to participants’ health and well-being.

Policies are an important tool to notify participants, families and staff of the availability of meal accommodations, and explain applicable requirements and procedures, including:

- federal requirements to ensure that modified meals are reimbursable;
- the process for participants and families to request special dietary accommodations;
- required information for making accommodations, e.g., submission of the appropriate medical statement and supporting documentation, such as diet plans;
- standard operating procedures (SOPs) for accommodating special diets, e.g., preparing foods for different types of special diets, and cleaning procedures to prevent food allergen contamination;
- communication procedures between food service personnel, staff and families; and
- monitoring to ensure that meal modifications are appropriate and meet individual dietary needs.

Since the USDA only requires modifications for participants with disabilities, CACFP facilities will make decisions regarding meal pattern substitutions for participants without disabilities, based on appropriate documentation from a recognized medical authority. The written policy should address how the CACFP facility will handle these substitutions, and identify any local procedures.

The strategies below can assist CACFP facilities with developing policies for accommodating special diets. Priority areas include assessing current operations, developing SOPs, providing staff training, and ensuring consistent communication.

- Identify the personnel and resources needed for planning, developing, implementing, and evaluating the policy and SOPs.
- Conduct a self-assessment of current policies, practices, and procedures for special dietary accommodations in CACFP meals.
- Identify the essential practices to implement in food services and health services, and determine where SOPs are necessary.
- Develop an action plan to address the practices needing attention, as identified by the facility's self-assessment. When developing action plans for SOPs, start with the most important practices. An action planning form and sample action plans are available on the CSDE's [Policies for Special Diets](#) Web page.
- Develop SOPs by writing down the actual steps taken when performing the specific task. When using sample SOPs from organizations or other programs, be sure to customize the information so it is specific to the local adult day care center.
- Identify the training needs of center personnel regarding accommodations for participants with special dietary needs. Provide professional development on special diets at least annually for food service staff and other staff, as appropriate.
- Determine effective communication strategies between the food service director, food service staff, center staff, administrators, and families.

For more information, see “Standard Operating Procedures” in the [Food Safety](#) section of the CSDE's [Nutrition Resources](#) list.

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

- procedures for preparing foods for different types of special diets, such as texture modifications;
- cleaning procedures for preventing food allergen contamination; and
- training procedures for all staff including substitutes.

SUMMARY OF CACFP RESPONSIBILITIES

CACFP facilities are responsible for providing meals to all participants, including those with disabilities. The following summarizes the responsibilities of CACFP personnel regarding dietary accommodations in adult day care centers.

Meal Pattern Substitutions

- CACFP facilities are required to make food substitutions or accommodations for participants with disabilities. The participant or family must provide a medical statement signed by a recognized medical authority before the CACFP facility can make any meal modifications. **All modified meals for participants with disabilities must follow the specific prescription in the medical statement for each participant.** For more information on dietary accommodations for participants with disabilities, see [section 2](#).
- CACFP facilities are encouraged, but not required, to provide food substitutions or accommodations on a case-by-case basis for participants without disabilities who have other medically certified special dietary needs. The participant or family must provide a medical statement signed by a recognized medical authority before the CACFP facility can make any meal modifications. **All modified meals for participants without disabilities must comply with the CACFP meal patterns.** For more information on dietary accommodations for participants without disabilities, see [section 3](#).
- CACFP facilities must maintain all medical statements on file with each participant’s medical records. For more information, see “[Storage and Updates of Medical Statements](#)” in this section.
- Under no circumstances should food service staff revise, or change a diet prescription or medical order. CACFP facilities must follow the specific prescription written by each participant’s recognized medical authority.

For guidance on determining when a CACFP facility is required to make meal accommodations, see [table 1](#).



Accessibility

USDA regulations specify that where existing food service facilities are not completely accessible and usable, CACFP facilities may provide aides or use other equally effective methods to serve food to participants with disabilities. The CACFP facility is responsible for the accessibility of food service sites and for ensuring the provision of aides, when needed.

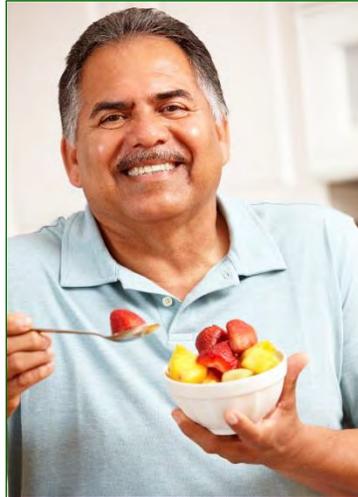
As with additional costs for substituted foods, any additional costs for adaptive feeding equipment or for aides are allowable CACFP costs. However, the USDA does not provide additional reimbursement.

Regulations also require that CACFP facilities provide food services in the most integrated setting appropriate to the needs of the participant with disabilities. For more information, see “[Appropriate Eating Areas](#)” in section 2.

Cooperation

CACFP food service personnel should work closely with participants, family members, and staff responsible for the health and well-being of adults with disabilities or with other special dietary needs to ensure that reasonable accommodations are made to allow these adults’ participation in the meal service. This cooperation is particularly important when accommodating adults whose disabilities require significant modifications or personal assistance.





2 — Modifications for Participants with Disabilities

USDA regulations require meal modifications for participants whose disability restricts their diet, based on documentation from a recognized medical authority. The medical statement must identify:

- the participant’s disability and an explanation of why the disability restricts the participant’s diet;
- the major life activity affected by the disability; and
- the food or foods to be omitted from the participant’s diet; and
- the food or choice of foods that must be substituted.



The medical statement must include all required information before the CACFP facility can make any meal modifications for participants with disabilities. This ensures that the modified meal is reimbursable and meets nutrition standards that are medically appropriate for each participant.

CRITERIA REQUIRING ACCOMMODATIONS

[Table 1](#) in section 1 helps CACFP facilities determine when meal accommodations are required. The CACFP facility must make meal modifications when participants meet any of the criteria below.

- A participant qualifies as having a disability under any of the federal nondiscrimination laws and the disability restricts the participant’s diet, based on documentation from a recognized medical authority.
- A participant does not qualify as having a disability under any of the federal nondiscrimination laws but a recognized medical authority determines the participant has a disability due to a severe medical need requiring meal accommodations. For more information, see [“Exceptions to Optional Accommodations”](#) in section 3.
- A participant does not qualify as having a disability under any of the federal nondiscrimination laws but the USDA considers the participant’s medical condition to be a disability, e.g., celiac disease. For more information, see [“Celiac Disease”](#) in this section, and [“Exceptions to Optional Accommodations”](#) in section 3.

In each case, the participant or family must provide a *Medical Statement for Adults with Disabilities* form signed by a recognized medical authority before the CACFP facility can make any meal accommodations for the participant. All meal accommodations must follow the written prescription from the recognized medical authority.

DETERMINING IF A PARTICIPANT HAS A DISABILITY

The federal nondiscrimination laws specify the criteria for determining whether a participant has a disability. CACFP facilities must make accommodations and reasonable modifications to their practices to allow participants protected by these laws to access the CACFP, which includes participants with special dietary needs.

The recognized medical authority is not responsible for determining if the participant has a disability for purposes of determining the participant's qualification under the federal nondiscrimination laws. However, the recognized medical authority is required to outline the appropriate substitutions, modifications or omissions required to accommodate the participant's dietary needs.

There is a distinction between the definition of “disability” for the purposes of the federal nondiscrimination laws, and for the purposes of **food substitutions** under the USDA requirements for CACFP meals. If a recognized medical authority determines that a participant has a severe medical need requiring meal accommodations, the USDA requires CACFP facilities to provide the meal accommodations even if:

- the participant is not determined to have a disability under the federal nondiscrimination laws; or
- the participant or family has not requested services under the federal nondiscrimination laws.

Additionally, when the USDA considers a medical condition to be a disability, such as celiac disease, CACFP facilities must provide meal accommodations for the participant if the participant or family provides a *Medical Statement for Adults with Disabilities* form signed by a recognized medical authority. For more information, see “[Exceptions to Optional Accommodations](#)” in section 3. For guidance on determining when a CACFP facility is required to make meal accommodations, see [table 1](#).

The determination of a disability under the federal nondiscrimination laws is not the same as **a recognized medical authority's diagnosis of a severe medical condition**. A participant with a severe medical condition, such as food allergies or celiac disease, may not necessarily qualify as having a disability under the federal laws. However, if a recognized medical authority determines that a participant's severe medical condition requires dietary modifications, the CACFP facility must make the accommodations specified in the *Medical Statement for Adults with Disabilities* form.



MEDICAL STATEMENT FOR ADULTS WITH DISABILITIES

The CSDE's *Medical Statement for Adults with Disabilities* form assists CACFP facilities with collecting the required information to make dietary accommodations for participants with disabilities. If CACFP facilities use an alternate form, it must contain the same information specified in the CSDE's form, including:

- an identification of the participant's disability and an explanation of why the disability restricts the participant's diet;
- the major life activity affected by the disability;
- the food or foods to be omitted from the participant's diet; and
- the food or choice of foods that may be substituted.

Examples of medical conditions that might require the *Medical Statement for Adults with Disabilities* form include:

- cancer;
- celiac disease;
- cerebral palsy;
- diabetes;
- food anaphylaxis (severe food allergy);
- heart disease;
- metabolic disorders;
- phenylketonuria (PKU);
- seizure disorder; and
- severe obesity.



These examples are not all-inclusive, and might not require special dietary accommodations for all participants. The determination of a participant's disability and special dietary needs must be made on a case-by-case basis.

CACFP facilities must make dietary accommodations for participants with disabilities based on the medical statement signed by a recognized medical authority. Food service staff cannot diagnose health conditions, perform nutritional assessment, prescribe nutritional requirements or interpret, revise, or change a diet order from a recognized medical authority.

APPROPRIATE EATING AREAS

Federal civil rights legislation (including Section 504 and the ADA), requires that adults with disabilities must participate with adults without disabilities to the maximum extent appropriate to the needs of adults with disabilities. In rare instances, a participant with disabilities may benefit from being served separately. However, in all cases, the decision to feed a participant with disabilities separately must always be based on what is appropriate to meet the needs of the participant. CACFP facilities cannot segregate participants with disabilities from the regular meal service based on the convenience of the CACFP facility or other participants.

TEMPORARY DISABILITIES

The requirements for providing accommodations for participants with disabilities apply regardless of the duration of the disability. If a participant has a temporary disability, the CACFP facility must make any meal accommodations specified on the medical statement signed by a recognized medical authority. An example of a temporary disability is a participant who had major oral surgery due to an accident, and is unable to consume food for a certain time unless the texture is modified.

SPECIFIC BRANDS OF FOOD

When making meal substitutions for participants with disabilities, CACFP facilities are not required to provide a specific brand of food. The meal substitution can include any brand or type of food that meets the participant's special dietary needs. For example, a participant's medical statement lists ABC brand chicken patty as a substitute for the regular chicken patty on the CACFP menu. The CACFP facility is not required to provide the specific ABC brand, but can substitute any of the following options:

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



CACFP facilities are only obligated to provide participants with disabilities a reimbursable meal, not the same meal. CACFP facilities must offer the participant a medically appropriate substitution that meets the requirements for a reimbursable meal, based on the approved substitutions listed in the participant's medical statement signed by a recognized medical authority.

NUMBER OF ALTERNATE MEALS

USDA regulations do not require a specific number of alternate meals to meet the special dietary needs of a participant with disabilities. CACFP facilities are only obligated to offer participants with disabilities a medically appropriate meal substitution based on the participant's medical statement signed by a recognized medical authority. While USDA regulations require that CACFP facilities accommodate the dietary needs of participants with disabilities, the "reasonableness" of that accommodation is a local decision. CACFP facilities can choose to provide one alternate meal that meets the participant's dietary requirements, or they can choose to provide several different menu options.

DIFFERENT PORTION SIZES

If a recognized medical authority prescribes portion sizes that are different from the minimum quantity requirements in the USDA meal patterns, CACFP facilities must provide the specified portions. Examples include:

- an additional amount of a specific meal pattern component in one meal such as a second serving of meat/meat alternate or grain/bread; or
- requiring that a participant receives two of the same meal, e.g., two lunches. Note: While the CACFP facility must provide the meals prescribed by the recognized medical authority, CACFP regulations allow only **one meal** per participant to be claimed for reimbursement.

The recognized medical authority must specify this information in the *Medical Statement for Adults with Disabilities* form.

TEXTURE MODIFICATIONS

Medical statements are not required when meals for participants with disabilities require only modifications in texture, such as chopped, ground or pureed foods. CACFP sponsors may apply stricter guidelines and require that the center keep a medical statement on file concerning the needed texture modifications for each participant.

The USDA recommends that CACFP facilities require a medical statement to assist in providing the appropriate textural modifications. This serves as a precaution to protect the CACFP facility and minimize misunderstandings.

Unless otherwise specified by the recognized medical authority, meals modified for texture will consist only of the **same food items and quantities** specified in the regular CACFP menus. Meals that consist only of texture modifications must meet the CACFP meal pattern requirements.

As with other dietary substitutions, the USDA does not provide any additional reimbursement for modified meals. If a participant must have a pureed meal, it is reasonable to use CACFP funds to purchase a blender or food processor and have the meal prepared by food service staff.



TUBE FEEDINGS

For participants with disabilities who require tube feedings, the USDA recommends using commercial nutritive formulas prescribed by a recognized medical authority and specially designed for tube feedings. Formula prepared on site may be subject to spoilage, and may not always have the correct consistency or nutritive content.

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

ADMINISTERING FEEDINGS

While the CACFP facility is responsible for providing the necessary foods for a participant with disabilities, food service personnel are not responsible for physically feeding the participant. CACFP facilities should be aware of the potential liability if persons without sufficient training and direction are performing tasks or activities such as developing or modifying a diet order prescribed by a recognized medical authority or administering tube feedings. Proper administration of this type of feeding generally requires the skills of specially trained personnel, such as nurses or trained aides who regularly work with the participant.

MEAL SERVICES OUTSIDE OF CACFP

The general guideline in making accommodations is that participants with disabilities must be able to participate in and receive benefits from programs that are available to participants without disabilities. The CACFP facility is not required to provide meal services to participants with disabilities when the meal service is not normally available for all participants. For example, if the CACFP facility does not serve breakfast, it is not required to provide breakfast for participants with disabilities.

With appropriate documentation on a medical statement signed by a recognized medical authority, CACFP facilities are required to provide special foods or nutrition supplements as part of regular reimbursable meals for participants with disabilities. However, CACFP facilities are not required to pay for other servings of special foods or nutrition supplements throughout the day **outside** of CACFP meals.



NUTRITION INFORMATION

The USDA considers providing nutrition information for foods served in CACFP meals to be a component of “reasonable” accommodations for special diets. **The CACFP facility is responsible for making nutrition information for CACFP meals available to participants, families, medical staff and others, as needed.** An example of a reasonable accommodation is maintaining a binder of nutrition labels for foods served in CACFP meals, and making it available in the office for staff, participants, and families to review. This enables participants and families, in consultation with medical professionals, to determine the appropriate meals for their specific dietary concerns.

For example, if a participant has a life-threatening food allergy, the CACFP facility must provide the ingredients for foods served in CACFP meals. This information allows the participant, family and appropriate medical personnel to determine which meals are safe to eat, and which meals the CACFP facility must modify to prevent an allergic reaction.

It is important to have good communication between the CACFP facility, participants, and families. Everyone involved in planning and providing for the participant’s meals shares responsibility for ensuring “reasonable” accommodations of the participant’s needs. This includes families, staff, medical professionals, program administrators, and food service personnel.



When the CACFP facility obtains meals through a food service management contract, the food service contract should address the requirement for providing nutrition information for CACFP meals. For more information, see “[Vended Meals](#)” in section 4.

CARBOHYDRATE COUNTS

CACFP facilities are responsible for providing a carbohydrate count for a diabetic participant for each food item served in one daily reimbursable choice at each meal, e.g., breakfast, lunch, and snack. If the daily menu includes multiple meal or snack choices, CACFP facilities are not required to provide carbohydrate counts for each meal option.

The CACFP food service program is responsible for providing information on the initial weights or measures of the planned food for the chosen meal. However, food service personnel are not responsible for:

- weighing or measuring leftover food after the participant has consumed the meal; or
- determining the proper amount of carbohydrates needed or consumed.

These tasks are the responsibility of the center's designated medical personnel. The USDA specifies that food service staff can never diagnose health conditions, perform nutritional assessment, prescribe nutritional requirements, or interpret, revise, or change a diet order. If food service staff have questions about a participant's diet order, prescribed meal substitutions, or any other required modifications, they should consult the appropriate medical personnel who work with the participant, such as the health consultant and the participant's physician or registered dietitian.

For resources on diabetes, see "Diabetes" in the [Special Diets](#) section of the CSDE's [Nutrition Resources](#) list.



FOOD ALLERGIES

A “food allergy” is a hypersensitivity from an abnormal response of the body’s immune system to food or food additives that the body would otherwise consider harmless. A “food intolerance” is an adverse food-induced reaction, such as lactose intolerance, that does not involve the body’s immune system.

If a recognized medical authority determines that a participant’s food allergy is severe enough to result in a life-threatening reaction (anaphylactic reaction), the participant’s condition meets the USDA’s definition of “disability,” and the CACFP facility must make the prescribed substitutions. The participant or family must provide the *Medical Statement for Adults with Disabilities* form signed by a recognized medical authority before the CACFP facility can make any meal modifications. For more information, see “[Required Meal Accommodations](#)” in section 1.

Participants with food allergies that are not life-threatening do not have a disability. CACFP facilities may choose, but are not required, to make meal pattern substitutions for participants without disabilities. The participant or family must provide the *Medical Statement for Adults without Disabilities* form signed by a recognized medical authority before the CACFP facility can make any meal modifications.

For more information on managing food allergies, see “Food Allergies” in the [Special Diets](#) section of the CSDE’s [Nutrition Resources](#) list.



CELIAC DISEASE

Celiac disease is a genetic autoimmune digestive disease that damages the small intestine and interferes with the absorption of nutrients from foods. Individuals with celiac disease cannot tolerate gluten, a protein found in wheat, rye and barley.

Participants with celiac disease do not qualify as having a disability under the federal nondiscrimination laws. However, the USDA considers celiac disease to be a disability. CACFP facilities must make dietary accommodations for participants with celiac disease if the participant’s family provides a *Medical Statement for Adults with Disabilities* form signed by a recognized medical authority.

The treatment for celiac disease is to avoid all foods that contain gluten, including wheat, rye, barley, and any foods made with these grains. CACFP facilities must follow the specific dietary requirements indicated in each individual participant’s medical statement.

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

- breads and bread products, e.g., pizza crust and muffins;
- pasta and couscous;
- grain-based desserts, such as cookies, cakes, and pies;
- breakfast cereals;
- crackers and snacks, e.g., pretzels, snack mix, pita chips, and croutons;
- seasoned snack foods, e.g., potato and tortilla chips;
- processed luncheon meats;
- soups and soup bases; and
- salad dressings and sauces, including soy sauce.



Table 2 shows examples of foods to avoid and allow with celiac disease. For more information and resources, see “Celiac Disease” in the [Special Diets](#) section of the CSDE’s [Nutrition Resources](#) list.

Table 2. Examples of Foods to Avoid and Allow with Celiac Disease

This chart provides general guidance on foods with and without gluten. When making dietary accommodations for participants with celiac disease, CACFP facilities must follow the specific dietary requirements prescribed by the recognized medical authority in each individual participant's medical statement.

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

* If not processed or mixed with gluten-containing grains, additives, or preservatives.

** Must be labeled "gluten-free." Pure oats are a gluten-free food, but most commercially processed oats have been contaminated during the growing, harvesting or processing stages.

GLUTEN SENSITIVITY

Gluten sensitivity is a condition with symptoms similar to those of celiac disease that improve when gluten is eliminated from the diet. Individuals diagnosed with gluten sensitivity do not experience the small intestine damage found in celiac disease.

Gluten sensitivity is a diagnosis of exclusion that requires ruling out celiac disease and wheat/gluten allergy, followed by a period of dietary gluten exclusion to see if the patient gets better, then a gluten challenge to see how the patient reacts.



If a recognized medical authority has determined that gluten sensitivity is a disability for a particular participant, the CACFP facility must make the appropriate dietary accommodations. The participant or family must provide a *Medical Statement for Adults with Disabilities* form signed by a recognized medical authority.

AUTISM

CACFP facilities must provide modified meals when a participant's disability restricts their diet. Having an autism diagnosis does not automatically qualify a participant for meal accommodations. Participants with autism may not have a medical dietary condition. However, a participant's autism sometimes results in food behaviors and preferences that require specific dietary accommodations. For example, an autistic participant might have a severe aversion to a specific food.

For some autistic participants, it is reasonable to view the autism diagnosis as a dietary restriction that is part of their disability. In this case, the CACFP facility must make the appropriate dietary accommodations specified by the recognized medical authority on the *Medical Statement for Adults with Disabilities* form.

CACFP facilities must review each participant's situation on a case-by-case basis, as one participant's autism diagnosis may not have the same food issues in another participant's autism diagnosis.

MILK SUBSTITUTIONS FOR PARTICIPANTS WITH DISABILITIES

The CACFP meal pattern for adults requires low-fat (1%) or fat-free (skim) milk. For participants with a medically documented disability that requires a milk substitution, CACFP facilities must make the accommodation specified on the medical statement signed by a recognized medical authority. The medical statement must indicate:

- the participant’s disability and an explanation of why the disability restricts the participant’s diet;
- the major life activity affected by the disability;
- the specific type of milk to be omitted from the participant’s diet; and
- the specific type of milk (e.g., fat content) or nondairy milk (e.g., soy or rice milk) that must be substituted.



Milk substitutions for participants **without** disabilities must always comply with the CACFP meal pattern. For more information, see “[Milk Substitutions for Participants without Disabilities](#)” in section 3.

Fat Content

Milk substitutions must be related to a **medical disability** for a CACFP facility to claim the meal for reimbursement. CACFP facilities can serve whole or reduced-fat milk only when a participant has a medically documented disability that requires whole or reduced-fat milk, and the participant or family provides a medical statement signed by a recognized medical authority. The scenarios in [table 3](#) illustrate when CACFP facilities can claim meals with different fat contents of milk.

Nondairy Milk Substitutes

When participants have a medically documented disability that requires a milk alternative such as soy milk, the CACFP facility must make the substitution when the participant or family provides a *Medical Statement for Adults with Disabilities* form signed by a recognized medical authority. Nondairy milk substitutes for participants **with** disabilities are not required to follow the USDA nutrition standards for milk substitutes. However, nondairy milk substitutes for participants **without** disabilities must always comply with USDA nutrition standards (see [table 4](#) in section 3).



Table 3. Allowable Fat Content of Milk in CACFP Meals and Snacks

Scenario	Can the meal/snack be claimed for CACFP reimbursement?
<p>Participant with a Disability A family requests that the CACFP facility serves whole milk or reduced-fat (2%) milk to a participant who needs higher fat milk because of a medical disability.</p>	<p>Yes, if the participant has a medical disability that requires whole milk or reduced-fat milk. The participant or family must provide a medical statement signed by a recognized medical authority that specifies:</p> <ul style="list-style-type: none"> • the participant’s disability, and an explanation of why the disability restricts the participant’s diet; • the major life activity affected by the disability; • the specific fat content of milk to be omitted from the participant’s diet; and • the specific fat content of milk that must be substituted.
<p>Participant without a Disability A family requests that the CACFP facility serves whole milk or reduced-fat (2%) milk to a participant who does not have disability.</p>	<p>No. All CACFP meals and snacks must contain low-fat (1%) or fat-free milk. *</p> <p>Requests for whole or 2% milk must be made through a medical statement signed by a recognized medical authority, and must be related to a medical disability. For more information, see “Milk Substitutions for Participants without Disabilities” in section 3.</p>
<p>* Effective October 1, 2017, the USDA final rule, <i>Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010</i>, allows only unflavored low-fat milk and unflavored or flavored fat-free (skim) milk. The CSDE encourages CAFCP facilities to serve only unflavored milk. The final rule also allows 6 ounces (weight) or ¾ cup (volume) of yogurt to meet the equivalent of 8 fluid ounces of milk once per day when yogurt is not served as meat alternate in the same meal. Yogurt cannot contain more than 23 grams of sugar per 6 ounces.</p>	



3 — Modifications for Participants without Disabilities

CACFP facilities can choose to make meal modifications for participants without disabilities but with other special dietary needs. CACFP facilities may claim reimbursement for modified meals provided to participants without disabilities only if:

- the meals comply with the CACFP meal pattern requirements, and
- the participant or family provides a *Medical Statement for Adults without Disabilities* form signed by a recognized medical authority. For more information, see “[Definition of Recognized Medical Authority](#)” in section 1.



The medical statement must include all required information before the CACFP facility can make any meal modifications for participants without disabilities. This ensures that the modified meal is reimbursable, and meets nutrition standards that are medically appropriate for the participant.

For participants without disabilities, CACFP facilities cannot claim reimbursement for meals that do not meet the CACFP meal pattern requirements, even if the participant or family provides a medical statement signed by a recognized medical authority.

EXCEPTIONS TO OPTIONAL ACCOMMODATIONS

USDA regulations specify that meal modifications for participants without recognized medical disabilities are optional. However, CACFP facilities must provide meal accommodations for participants without disabilities when:

- a recognized medical authority determines and documents that the participant’s severe medical condition requires specific dietary modifications, for example severe food allergies; or
- the USDA considers the medical condition to be a disability, for example celiac disease.

When a recognized medical authority determines that a participant’s severe medical condition requires specific dietary modifications and provides a signed medical statement, the CACFP facility must make the prescribed substitutions even if the participant does not have a disability under any of the federal nondiscrimination laws. It is important to note the distinction between the definition of “disability” for the purposes of the federal nondiscrimination laws, and for the purposes of food substitutions under the USDA regulations for CACFP meals.

If a recognized medical authority determines that a participant has a severe medical need requiring meal accommodations, the USDA requires the CACFP facility to provide the meal accommodations, even if the participant is not determined to have a disability under any of the

federal nondiscrimination laws. For example, a participant with cardiac disease is on a low-fat and low-sodium diet. The participant's physician signed a *Medical Statement for Adults with Disabilities* form indicating that the participant's condition is severe enough to be a disability. The CACFP facility must make the accommodations specified on the medical statement, and provide low-fat and low-sodium meals to the participant.

If the USDA considers the medical condition to be a disability, for example celiac disease, the USDA requires the CACFP facility to provide the meal accommodations, even if the participant is not determined to have a disability under any of the federal nondiscrimination laws. For more information, see "[Celiac Disease](#)" in section 2.

In both cases, CACFP facilities must provide the substitutions prescribed by the recognized medical authority, even if the participant does not have a disability under any of the federal nondiscrimination laws. The participant or family must provide a *Medical Statement for Adults with Disabilities* form signed by a recognized medical authority. For guidance on determining when a CACFP facility is required to make meal accommodations, see [table 1](#).

MEDICAL STATEMENT FOR ADULTS WITHOUT DISABILITIES

The CSDE's *Medical Statement for Adults without Disabilities* form assists CACFP facilities in collecting the required information to make meal modifications for participants without disabilities. If CACFP facilities use an alternate form, it must contain the same information specified in the CSDE's form, including:

- an identification of the medical or other special dietary need that restricts the participant's diet; and
- the food or foods to be omitted from the participant's diet, and the food or choice of foods that may be substituted.

Examples of medical conditions that might require the *Medical Statement for Adults without Disabilities* form include:

- food allergies that are not life-threatening;
- food intolerances;
- overweight (not morbidly obese); and
- elevated blood cholesterol.

These examples are not all-inclusive and might not need special dietary accommodations for all participants. CACFP facilities must review each participant's situation on a case-by-case basis.

CACFP facilities must make dietary accommodations for participants without disabilities based on the medical statement signed by a recognized medical authority. Food service staff cannot diagnose health conditions, perform nutritional assessment, prescribe nutritional requirements or interpret, revise, or change a diet order from a recognized medical authority.

MILK SUBSTITUTIONS FOR PARTICIPANTS WITHOUT DISABILITIES

CACFP regulations require low-fat (1%) or fat-free (skim) milk for all participants. CACFP facilities cannot serve whole or reduced-fat milk to participants without disabilities, even with a medical statement signed by a recognized medical authority. The CACFP meal pattern does not allow whole or reduced-fat (2%) milk unless a participant has a **medically documented disability** that requires whole or reduced-fat milk, and the participant or family provides a medical statement signed by a recognized medical authority. For more information, see [“Milk Substitutions for Participants with Disabilities”](#) in section 2.

Effective October 1, 2017, the USDA final rule allows only unflavored low-fat milk and unflavored or flavored fat-free (skim) milk. The CSDE encourages CACFP facilities to serve only unflavored milk.

Nondairy Milk Substitutions

CACFP facilities have the option of providing nondairy milk substitutes, such as soy milk, for participants without disabilities who cannot consume fluid milk due to medical or other special dietary needs. The USDA requires that all nondairy beverages offered as fluid milk substitutes must be nutritionally equivalent to cow’s milk and meet the USDA nutrition standards for fluid milk substitutes in [table 4](#). This ensures that participants without disabilities who require a substitute for cow’s milk for cultural, ethnic, religious or medical reasons receive the important nutrients found in milk. The CACFP does not provide additional reimbursement if a CACFP facility chooses to provide these substitutions.



Table 4. USDA Nutrition Standards for Fluid Milk Substitutes

Minimum Nutrients per Cup (8 fluid ounces)	
Calcium	276 milligrams (mg) or 30% Daily Value (DV) *
Protein	8 grams (g)
Vitamin A	500 international units (IU) or 10% DV
Vitamin D	100 IU or 25% DV
Magnesium	24 mg or 6% DV
Phosphorus	222 mg or 20% DV *
Potassium	349 mg or 10% DV *
Riboflavin	0.44 mg or 25% DV *
Vitamin B-12	1.1 micrograms (mcg) or 20% DV *
* The FDA labeling laws require manufacturers to round nutrition values to the nearest five percent. The actual minimum DV is 27.6% for calcium, 22.2% for phosphorus, 9.97% for potassium, 25.88% for riboflavin and 18.33% for vitamin B12.	

CACFP facilities cannot serve nondairy beverages that do not comply with the USDA nutrition standards for fluid milk substitutes, even if the participant or family provides a medical statement signed by a recognized medical authority. If the CACFP facility chooses to provide nondairy beverages as fluid milk substitutions, they must meet the following criteria.

Required Documentation for Milk Substitutions

Participants or families may request a nondairy milk substitute in writing without providing a medical statement signed by a recognized medical authority. For example, a vegetarian participant can submit a written request to the CACFP facility asking to substitute soy milk for cow's milk. The written request must identify the medical or other special dietary need that restricts the participant's diet.

The soy milk offered by the CACFP facility must meet the USDA nutrition standards for fluid milk substitutes (see [table 4](#)). The CACFP facility must maintain all participant requests for milk substitutions on file with the participant's other medical records. For more information, see "[Storage and Updates of Medical Statements](#)" in section 1.

The provision allowing a statement from participants or families applies only to milk substitutions for participants **without** disabilities. It does not apply to any other food or beverage substitutions for participants without disabilities. Any other meal variations require a medical statement from a recognized medical authority.

Dietary accommodations for participants **with** disabilities must follow the requirements specified in CACFP regulations. For more information, see "[Milk Substitutions for Participants with Disabilities](#)" in section 2.

Variety of Milk Substitutions

CACFP facilities may choose how many types of milk substitutions to offer to participants without disabilities. If more than one substitution is offered, the CACFP facility must inform all participants and families of the options and allow all participants/families to choose one. For a reimbursable meal, all milk substitution options offered by the CACFP facility must be:

- low-fat (1%) or fat-free lactose-reduced or lactose-free milk (see "[Lactose-reduced and Lactose-free Milk](#)" on the next page); or
- or a nondairy beverage that meets the USDA nutrition standards for fluid milk substitutions (see [table 4](#), and "[Acceptable Nondairy Beverages for Milk Substitutions](#)" on the next page).

Availability of Milk Substitutions

If a CACFP facility chooses to make allowable milk substitutions available, they must be available for all participants upon request. A CACFP facility that approves a participant's request for any substitution must also approve all other requests for that specific substitution. For example, if a CACFP facility chooses to provide soy milk at a participant's request, then soy milk must be available to all participants who request a fluid milk substitution. All soy milk products must meet the USDA's nutrition standards for fluid milk substitutions (see [table 4](#)).

Acceptable Nondairy Beverages for Milk Substitutions

The CSDE's handout, *Allowable Milk Substitutions for Participants without Disabilities in the CACFP*, includes a list of products that comply with the USDA's nutrition standards for fluid milk substitutions. The Nutrition Facts label does not usually include all of the nutrients required to identify a product's compliance with the USDA nutrition standards for fluid milk substitutes. If information is missing for any nutrients, CACFP facilities must contact the manufacturer to obtain a product specification sheet that documents the product's compliance with each nutrient in the USDA nutrition standards for milk substitutes.

CACFP facilities can use the USDA protein standard to screen nondairy products and determine whether they might meet the USDA nutrition standards. The USDA requires that fluid milk substitutes contain 8 grams of protein per cup (8 fluid ounces).

- If the product's Nutrition Facts label lists less than 8 grams of protein per 1-cup serving, the product does not meet the USDA's nutrition standards.
- If the product's Nutrition Facts label lists at least 8 grams of protein per 1-cup serving, the product might comply with the USDA's nutrition standards. CACFP facilities must obtain additional information from the manufacturer to determine if the product also meets the standards for calcium, vitamin A, vitamin D, magnesium, phosphorus, potassium, riboflavin and vitamin B12 (see [table 4](#)). CACFP facilities are encouraged to submit this information to the CSDE so that new acceptable nondairy products can be added to the approved list.

For more information on acceptable products, see the CSDE's handout, *Allowable Milk Substitutions for Participants without Disabilities in the CACFP*.

Lactose-reduced and Lactose-free Milk

Lactose-reduced milk has part of the lactose removed, while lactose-free milk has all of the lactose removed. Like regular milk, these types of milk come in a variety of flavors and fat contents, such as fat-free (skim), low fat and whole.

Low-fat and fat-free lactose-reduced and lactose-free milk credit as the milk component for reimbursable meals in the USDA Child Nutrition Programs. CACFP facilities can substitute lactose-reduced and lactose-free milk for regular milk without a written statement from a participant or family. The CSDE encourages CACFP facilities to make unflavored lactose-reduced or lactose-free milk available to participants as needed. Lactose-reduced and lactose-free milk must be low-fat or fat-free.



3 | PARTICIPANTS WITHOUT DISABILITIES

Juice and Water

CACFP facilities can **never** offer juice or water as milk substitutes for participants without disabilities. If a CACFP facility chooses to make milk substitutions available, they must include at least one choice of either lactose-reduced or lactose-free milk or a nondairy beverage (such as soy milk) that meets the USDA nutrition standards for milk substitutes (see [table 4](#)). These are the only options allowed for milk substitutions.



CACFP facilities cannot serve juice or water as fluid milk substitutes for participants without disabilities, even if the participant or family provides a medical statement signed by a recognized medical authority. [Table 5](#) shows examples of milk substitutions for participants without disabilities, and whether they are allowable.

Coffee, Tea and Soda

CACFP facilities cannot serve coffee, tea or soda as fluid milk substitutes for participants without disabilities, even if the participant or family provides a medical statement signed by a recognized medical authority.

Liquid Nutrition Supplements

Centers may have participants that need meal supplementation with liquid nutrition products such as Ensure. CACFP facilities may serve these products in **addition** to the required CACFP meal components if the participant or family provides a medical statement signed by a recognized medical authority. However, these supplements cannot be substituted for the milk component. All meal substitutions for participants without disabilities must comply with the CACFP meal pattern requirements, including milk substitutions.

Table 5. Milk Substitutions for Participants without Disabilities

CACFP Facility Offers	Is this an allowable milk substitution?
Whole or reduced-fat (2%) milk, flavored or unflavored	No. The CACFP meal pattern allows only low-fat (1%) and fat-free milk. *
Low-fat (1%) unflavored lactose-free or lactose-reduced milk	Yes. The CACFP meal pattern allows low-fat (1%) unflavored milk including lactose-free and lactose-reduced milk. *
Low-fat (1%) flavored lactose-free or lactose-reduced milk	Yes. The CACFP meal pattern allows low-fat (1%) flavored milk, including lactose-free and lactose-reduced milk through September 30, 2017. Effective October 1, 2017, low-fat milk must be unflavored. *
Fat-free unflavored lactose-free or lactose-reduced milk	Yes. The CACFP meal pattern allows fat-free unflavored milk, including lactose-free and lactose-reduced milk. *
Fat-free flavored lactose-free or lactose-reduced milk	Yes. The CACFP meal pattern allows fat-free unflavored or flavored milk, including lactose-free and lactose-reduced milk. *
Nondairy milk substitute that does not meet the USDA nutrition standards	No. All nondairy milk substitutes must meet the USDA nutrition standards. **
Nondairy milk substitute that meets the USDA nutrition standards	Yes. The CACFP meal pattern allows nondairy milk substitutes that meet the USDA nutrition standards. **
Juice	No. The CACFP meal pattern does not allow juice as a milk substitute.
Water	No. The CACFP meal pattern does not allow water as a milk substitute.
Coffee, tea or soda	No. The CACFP meal pattern does not allow coffee, tea or soda as a milk substitute.
Liquid nutrition supplements, e.g., Ensure	No. The CACFP meal pattern does not allow liquid nutrition supplements as a milk substitute.
<p>* Effective October 1, 2017, the USDA final rule, <i>Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010</i>, requires that low-fat milk must be unflavored. Fat-free (skim) milk can be unflavored or flavored. The CSDE encourages CAFCP facilities to serve only unflavored milk.</p> <p>** For more information on the USDA nutrition standards for milk substitutes, see table 4.</p>	



4 — Dietary Accommodations for Other Reasons

This section addresses meal pattern substitutions for reasons other than medical needs, including religion and personal food preferences. With the exception of sponsors of Jewish and Seventh-day Adventist institutions, the federal regulations do not require CACFP facilities to make accommodations for individual food preferences such as religion and vegetarianism.

RELIGIOUS REASONS

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

The USDA grants these exemptions for **entities** (schools, institutions and sponsors) not individuals. However, CACFP facilities may choose to address the needs of individuals by substituting different food items within the same component category of the USDA meal patterns. For example, a participant who does not eat pork for religious reasons could be served another meat/meat alternate (such as chicken, cheese, yogurt, or peanut butter), and still be provided a reimbursable meal.



A summary of the USDA provisions for Jewish and Seventh-day Adventist institutions follows. This information is based on [FNS Instruction 783-13, Revision 3: *Variations in Meal Requirements for Religious Reasons: Jewish Schools, Institutions and Sponsors.*](#)

4 | OTHER DIETARY ACCOMMODATIONS

Jewish Sponsors

The USDA allows flexibilities for Jewish institutions regarding the CACFP meal pattern requirement that milk must be offered with all meals. Jewish institutions may choose from four alternative options. These options apply only to meals containing meat or poultry when participants do not have the opportunity to refuse milk or meat/poultry through offer versus serve (OVS).

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



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

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

Seventh-day Adventist Sponsors

Seventh-day Adventist institutions, like all other schools and CACFP facilities, may use alternate protein products (APP) such as vegetable burgers and other meatless entree items to meet the meat/meat alternate requirements. The USDA allows the use of APP to provide more flexibility in menu planning. APP include both vegetable protein sources (e.g., isolated soy protein, soy protein concentrate and soy flour) and nonvegetable-based protein sources (e.g., fruit puree and whey protein).



Appendix A to [Part 226](#) of the CACFP regulations requires that APP must comply with specific criteria to credit toward the meat/meat alternates component of the CACFP meal pattern. Table 8 summarizes the APP requirements.

Table 6. USDA Requirements for APP in CACFP Meals and Snacks

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

Menu planners cannot determine this information by reading a product’s label. The USDA’s Food Safety Inspection Service (FSIS) and the Food and Drug Administration’s (FDA) labeling laws require manufacturers to list product ingredients, but percent labeling is voluntary. For example, the ingredients list may include whey protein concentrate and hydrolyzed soy protein but will not indicate the percentage of these protein ingredients by weight. **Consequently, CACFP facilities are responsible for obtaining documentation from the manufacturer for any APP used to meet the requirements of the meat/meat alternates component.**

The manufacturer can provide documentation of the compliance with the USDA APP criteria in a variety of forms, such as a product specification sheet or a letter signed by a company official attesting the product meets the USDA requirements. Products that are Child Nutrition (CN) labeled provide information on how CACFP facilities can credit APP foods toward the meal pattern.

For more information on crediting APP, see section 2 of the CSDE’s [Crediting Foods in CACFP Adult Day Care Programs](#). For information on CN labels, see the CSDE’s [handout, Using Child Nutrition \(CN\) Labels in the CACFP](#).

VEGETARIANS

With the exception of Seventh-day Adventist sponsors, vegetarianism does not qualify for a meal pattern substitution. To receive USDA reimbursement, meals and snacks served to vegetarian participants must include all required CACFP meal pattern components. The CACFP facility must provide these components. Meals and snacks containing family-provided components are not reimbursable, unless they are for a documented medical need and the CSDE has preapproved them. For more information, see “[Family-provided Foods](#)” on the next page.

CACFP facilities are encouraged to work with families to identify foods that participants can eat, while considering cost constraints and program logistics such as food service production capabilities. USDA regulations allow APP such as vegetable burgers to be credited as a meat/meat alternate if they meet the specified APP criteria (see [table 6](#)).



CACFP facilities can offer a variety of vegetarian choices each week, such as macaroni and cheese, spaghetti with tomato sauce and cheese wedge, cheese pizza, vegetable bean soup, chili, grilled cheese sandwiches, meatless lasagna, bean tacos and bean burritos. CACFP facilities may also incorporate a variety of vegetable-based entree products in CACFP menus, such as meatless hotdogs and vegetable burgers if they meet the specified APP criteria. For more information, see “[Seventh-day Adventist Sponsors](#)” in this section, and “Alternate Protein Products and Vegetable Protein Products” in section 2 of the CSDE’s *Crediting Foods in CACFP Adult Day Care Programs*.

PERSONAL PREFERENCES

USDA regulations do not require CACFP facilities to make modifications to meals based on the food choices or personal preferences of a participant. CACFP facilities can choose to accommodate participants’ personal food preferences on an individual basis but are not required to do so. Any meals with accommodations for personal food preferences must comply with the CACFP meal pattern requirements or they are not reimbursable.

VENDED MEALS

CACFP facilities must always ensure that any benefits available to the general adult day care population are equally available to participants with disabilities. Consequently, CACFP facilities must make accommodations for participants with disabilities regardless of whether the CACFP facility operates the food service program or contracts with a food service management company.

When a food service management company (FSMC) operates the CACFP food service or the center obtains meals from a vendor, the center must address the issue of meal pattern substitutions. The CSDE recommends that the contract developed with the FSMC or vendor specifies the CACFP facility’s requirements for meal pattern substitutions. CACFP facilities that do not have any need for special dietary accommodations at the time a bid is prepared should still include sufficient information in the bid to ensure that the FSMC or vendor is aware that dietary accommodations may be required during the term of the contract.

FAMILY-PROVIDED FOODS

Situations may arise when families want to provide foods or beverages as a substitution for a CACFP meal component or an entire meal. **Family-provided components are not allowed for participants with disabilities who have special dietary needs.** The CACFP facility must provide all required CACFP meal pattern components with any modifications specified in the participant’s medical statement signed by a recognized medical authority.

The basic premise for all USDA Child Nutrition Programs is to reimburse participating institutions for the costs associated with providing wholesome, nutritious meals to participants. If the CACFP facility does not incur costs, the USDA does not pay reimbursement.

However, with specific documentation (a medical statement signed by a recognized medical authority), the USDA allows reimbursement for CACFP meals for participants **without** disabilities when the family supplies a particular food or beverage item for medical reasons, if the participant receives all required CACFP meal pattern components. For a meal to be claimed for reimbursement, the CACFP facility must:

- submit a specific written request to the CSDE (see “[CSDE Contact Information](#)” at the beginning of this guide);
- detail the participant’s medical issue in the request and attach a copy of the medical statement signed by the participant’s recognized medical authority; and
- outline the food or beverage item to be provided by the family with a statement of assurance that the CACFP facility will serve all other menu items.

The CSDE will review the request and, if approved, will issue a written response for the acceptable family-provided meal component. The CACFP facility must maintain this approval on file with the participant’s other medical records (see “[Storage and Updates of Medical Statements](#)” in section 1). Each approval may be used only for the participant for whom the request has been granted.

Some programs never allow families to provide food from home because of food safety issues, and the liability that might arise if a participant gets a foodborne illness. CACFP facilities must keep in mind that Connecticut’s Public Health Code 19-13-B42 applies to all foods served in adult day care centers, regardless of whether they are prepared on site or brought from home. CACFP facilities must develop policies and procedures to ensure the safety of foods brought from home to be served in the adult day care environment. For more information, see “[Public Health Code 19-13-B42](#)” on the next page, and the CSDE’s *Sanitation and Food Safety in CACFP Child Care Programs*.

CACFP facilities must ensure that reimbursable meals include all components, and that any modifications are based on appropriate documentation. Meals that do not meet CACFP meal pattern requirements are not reimbursable. Meals for participants without disabilities that contain family-provided components are reimbursable only if the center has **prior written approval from the CSDE** for the specific modifications for an individual participant.

4 | OTHER DIETARY ACCOMMODATIONS

Public Health Code 19-13-B42

The regulations of [Connecticut Public Health Code \(PHC\) 19-13-B42](#) for food service establishments require that all foods and beverages must be from an **approved source**. The Connecticut State Department of Public Health (DPH) has advised local health departments that all foods in food service establishments, including adult day care centers, must originate from inspected, regulated sources and be transported properly at required temperatures. Foods sent into the adult day care facility from a private home have not originated from an approved source.



The food service department cannot ensure the safety of food brought from home from either potential food allergens or microbial contamination. CACFP facilities face potential liability issues if they serve foods to participants that have not been:

- directly received from a regulated source, such as an approved food service vendor; or
- stored, cooked and served by trained food service personnel under the direction of a qualified food operator (QFO).

Connecticut PHC Section 19-13-B42(s)(4) requires at least one QFO, who is in a supervisory position, and a designated alternate person to be in charge at all times when the QFO cannot be present, in each food service establishment that prepares and/or serves exposed potentially hazardous foods prepared using hot processes. Each local health jurisdiction is responsible for classifying its local food service establishments.

A QFO is a food service professional in a full-time supervisory capacity on site who has demonstrated knowledge in the safe preparation and service of food, as defined by DPH regulations. The QFO's responsibilities include operating the food service establishment in compliance with all the provisions of Public Health Code 19-13-B42; training food preparation personnel in safe food preparation practices; maintaining written documentation of training; and directing and inspecting the performance of food service workers. For more information on the QFO requirement, see the CSDE's handout, [Qualified Food Operator \(QFO\) Responsibilities for Connecticut Child Nutrition Programs](#).

5 — Resources

This section includes links to federal and state regulations, policy memoranda, Web sites and the CSDE’s guides, resource lists, forms, and handouts.

CSDE FORMS AND HANDOUTS

Allowable Milk Substitutions for Participants without Disabilities in the CACFP

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/sdn/cacfpmilksubadult.pdf

Medical Statement for Adults with Disabilities

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/adults/adultmedicaldis.pdf

www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/cacfp/adults/adultmedicaldis.doc

Medical Statement for Adults without Disabilities

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/adults/adultmedical.pdf

www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/cacfp/adults/adultmedical.doc

Qualified Food Operator (QFO) Responsibilities for Connecticut Child Nutrition Programs

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/fs/qfo.pdf

All forms and handouts are available on the CSDE's [Nutrition Policies and Guidance for CACFP Adult Day Care Centers](#) Web site (see Special Diets and Food Safety).

CSDE GUIDES

Nutrition Policies and Guidance for the CACFP Adult Day Care Centers

- *Accommodating Special Diets in CACFP Adult Day Care Centers:*
www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322694#special
- *Crediting Foods in CACFP Adult Day Care Centers:*
www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322694#crediting
- *Food Safety in CACFP Adult Day Care Centers:*
www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322694#safety
- *Healthy Meals in CACFP Adult Day Care Centers*
www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322694#healthymeals
- *Meal Pattern Requirements for CACFP Adult Day Care Centers*
www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322694#mealpattern

CSDE RESOURCE LISTS

The CSDE resource lists are available on the CSDE's [Resources for School Nutrition Programs](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333786) Web page at www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333786.

- *Nutrition Resources:* This list contains online resources related to nutrition guidelines and information, menu planning and food production, special diets, food safety and the USDA Child Nutrition Programs.
- *Healthy School Environment Resources:* This list contains online resources to assist USDA programs with promoting healthy eating and physical activity.

WEB SITES

CACFP Adult Day Care Centers (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=321572

Child Nutrition (CN) Labeling (USDA):

www.fns.usda.gov/cnd/cnlabeling/default.htm

Child Nutrition Programs (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&Q=320670

Connecticut Department of Public Health Food Protection Program:

www.ct.gov/dph/cwp/view.asp?a=3140&q=387486

Forms for CACFP Adult Centers (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333828

Manuals and Guides (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=334690

Menu Planning (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333780

Nutrition Education Resources (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=333798

Nutrition Policies and Guidance for Adult Day Care Centers (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322694

Operational Memoranda for the CACFP (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333794

Policies on Special Diets (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333750

Program Guidance for CACFP Adult Centers (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333820

Resources for CACFP Adult Centers (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333818

Special Diets (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333730

REGULATIONS AND POLICY

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. U.S. Department of Agriculture, Revised Fall 2001. www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf

Americans with Disabilities Act:
www.ada.gov/

CACFP Policy Memos (USDA):
www.fns.usda.gov/cacfp/policy

CACFP Regulations (USDA):
www.fns.usda.gov/cacfp/regulations

Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010 (81 FR 24348), April 25, 2016.
<https://www.gpo.gov/fdsys/pkg/FR-2016-04-25/pdf/2016-09412.pdf>

Code of Federal Regulations 7CFR15b.3 Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving Federal Financial Assistance. Revised January 1, 2003.
http://edocket.access.gpo.gov/cfr_2003/7cfr15b.3.htm

Connecticut Public Health Code 19-13-B42, Sanitation of Places Dispensing Foods or Beverages. www.dir.ct.gov/dph/PHC/docs/19_Sanitation_of_Food_Fair.doc (scroll down to 19-13-B42)

CSDE Operational Memorandum 4A-16, 5C-16 and 5H-16: New Meal Pattern Requirements for the Child and Adult Care Food Program (CACFP).
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/memos/memos16/OM04A16_05C16_05H16.pdf

CSDE Operational Memorandum 3A-16, 4C-16 and 4H-16: Statements Supporting Accommodations for Participants with Disabilities in the Child Nutrition Programs.
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/memos/memos16/OM03A16_04C16_04H16.pdf

CSDE Operational Memorandum 03A-13: Dietary Accommodations for Celiac Disease in the CACFP:
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/memos/memos13/OM04A13.pdf

CSDE Operational Memorandum 11C-11 and 04H-11: Fluid Milk and Milk Substitutions in the CACFP:
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/memos/memos11/OM11C11_14H11.pdf

- CSDE Operational Memorandum 07A-04: Reimbursement for Meals Provided by Guardian/Household Member for Medical Reasons in the Child and Adult Care Food Program (CACFP): www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/memos/memosold/OM07A04.pdf
- FNS Instruction 783-13, Revision 3: Variations in Meal Requirements for Religious Reasons: Jewish Schools, Institutions and Sponsors.
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/fnsinstructions/783-13.pdf
- FNS Instructions for Child Nutrition Programs (CSDE):
www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=334688
- Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296):
www.fns.usda.gov/cnd/governance/legislation/CNR_2010.htm
- How to Determine if a Soy-Based Beverage Meets the Nutrient Requirements to Qualify as an Authorized Milk Substitute in WIC (USDA):
https://wicworks.fns.usda.gov/wicworks/Learning_Center/FP/soybeverage.pdf
- Know the Rights That Protect Individuals with Disabilities from Discrimination (U.S. Department of Health & Human Services Office for Civil Rights):
www.hhs.gov/sites/default/files/knownyourrights504adafactsheet.pdf
- Nutrition Standards for CACFP Meals and Snacks (USDA):
www.fns.usda.gov/cacfp/meals-and-snacks
- Operational Memos for the CACFP (CSDE):
www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333794
- Section 504 of the Rehabilitation Act of 1975: Procedural Safeguards (Circular Letter C-9). Connecticut State Department of Education, 2000.
www.sde.ct.gov/sde/lib/sde/pdf/circ/circ00-01/c9.pdf
- USDA Memo CACFP 21-2011-REVISED: Child Nutrition Reauthorization 2010: Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions in the Child and Adult Care Food Program, Questions and Answers: www.fns.usda.gov/cacfp-21-2011-revised-child-nutrition-reauthorization-2010-nutrition-requirements-fluid-milk-and



Glossary

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

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

alternate protein products (APP): APPs are generally single ingredient powders that are added to foods. Some examples include soy flours, soy concentrates, soy isolates, whey protein concentrate, whey protein isolates, and casein. APPs include vegetable protein products. The USDA has specific requirements for the crediting of APP in Child Nutrition Programs. For more information, see “Seventh-day Adventist Sponsors” in section 4, and “Alternate Protein Products and Vegetable Protein Products”) in the CSDE’s *Crediting Foods in CACFP Adult Day Care Programs*.

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

body mass index: A screening tool calculated from a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness. For more information, see the CDC’s [Defining Adult Overweight and Obesity](#) Web page.

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

celiac disease: An autoimmune digestive disease that damages the small intestine and interferes with absorption of nutrients from food. People who have celiac disease cannot tolerate gluten, a protein in wheat, rye and barley. For more information, see the [National Digestive Diseases Information Clearinghouse](#) Web site.

Child and Adult Care Food Program (CACFP): The USDA’s federally assisted meal program providing nutritious meals and snacks to children in child care centers, family day care homes and emergency shelters, and snacks and suppers to participants participating in eligible at-risk afterschool care programs. The program also provides meals and snacks to adults who receive care in nonresidential adult day care centers. For more information, see www.fns.usda.gov/cnd/care/.

CACFP facilities: Child care centers, family day care homes, emergency shelters, at-risk afterschool care centers and adult day care centers that participate in the USDA Child and Adult Care Food Program.

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

CACFP sponsor: A public or private nonprofit organization that is entirely responsible for the administration of the CACFP in one or more day care homes, child care centers, emergency shelters or at-risk afterschool care centers. In some situations, for-profit institutions may also be eligible to participate in the CACFP. For more information, see Section 226.2 in the CACFP regulations ([7 CFR 226](#)).

Child Nutrition (CN) label: A statement that clearly identifies the contribution of a food product toward the meal pattern requirements, based on the USDA’s evaluation of the product’s formulation. Products eligible for CN labeling include main dish entrees that contribute to the meat/meat alternates component of the meal pattern requirements, e.g., beef patties, cheese or meat pizzas, meat or cheese and bean burritos, egg rolls, and breaded fish portions. The CN label will also indicate the contribution of other meal components that are part of these products. For more information, see the CSDE’s handout, [Using Child Nutrition \(CN\) Labels in the CACFP](#), and the USDA’s [Child Nutrition \(CN\) Labeling](#) Web page.

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

creditable food: A food or beverage that can be counted toward meeting the meal pattern requirements for a reimbursable meal or snack in the USDA Child Nutrition Programs. For more information, see the CSDE’s [Crediting Foods in CACFP Adult Day Care Programs](#).

dietitian: See “registered dietitian” in this section.

disability: A condition in which a person has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. For more information, see “[Definition of Disability](#)” in section 1.

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

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

food components: The four food groups that comprise reimbursable meals in the CACFP, including milk, fruits/vegetables, grains/breads, and meat/meat alternates. For more information on the individual food components, see the CSDE’s [Crediting Foods in CACFP Adult Day Care Centers](#).

Effective October 1, 2017, the final rule changes the CACFP meal pattern for adults to include five components (milk, fruits, vegetables, grains and meat/meat alternates).

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

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

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

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

licensed physician: A doctor of medicine or osteopathy.

meat alternates: Foods that provide similar protein content to meat. Meat alternates include alternate protein products, cheese, eggs, cooked dry beans or peas, nuts and seeds and their butters (except for acorn, chestnut and coconut), and yogurt (plain or flavored). For more information, see the CSDE’s *Meal Pattern Requirements for CACFP Adult Day Care Programs*.

Effective October 1, 2017, the final rule allows tofu and other soy products to credit in the meat/meat alternates component.

medical statement: A document that identifies the specific medical conditions and appropriate dietary accommodations for participants with special dietary needs. For information on medical statements for participants with disabilities, see section 2. For information on medical statements for participants without disabilities, see section 3.

menu item: Any planned main dish, vegetable, fruit, bread, grain, or milk that is part of the reimbursable meal. Menu items consist of food items.

noncreditable foods: Foods and beverages that do not count toward any meal pattern components in the USDA Child Nutrition Programs. For more information, see the CSDE’s handout, *Noncreditable Foods in CACFP Adult Day Care Centers*.

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

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

nutrition standards for fluid milk substitutes: The nutrition requirements for nondairy beverages (such as soy milk) used as fluid milk substitutes in the USDA Child Nutrition Programs. The USDA requires that any fluid milk substitutes are nutritionally equivalent to cow’s milk and meet the following nutrients based on a 1-cup serving (8 fluid ounces): 276 milligrams (mg) of calcium; 8 grams (g) of protein; 500 international units (IU) of vitamin A; 100 IU of vitamin D; 24 mg of magnesium; 222 mg of phosphorus; 349 mg of potassium; 0.44 mg of riboflavin; and 1.1 micrograms (mcg) of vitamin B-12. For more information, see [table 4](#).

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

obese: A body mass index (BMI) of 25.0 to 29.9. For more information, see “body mass index” in this section and the CDC’s [Defining Adult Overweight and Obesity](#) Web page.

overweight: A body mass index (BMI) of 30 or higher. For more information, see “body mass index” in this section and the CDC’s [Defining Adult Overweight and Obesity](#) Web page.

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

product formulation statement (PFS): An information statement obtained from the manufacturer that provides specific information about how the product credits toward the USDA meal pattern requirements, and documents how this information is obtained citing Child Nutrition Program resources or regulations. All creditable ingredients in a PFS must match a description in the USDA’s [Food Buying Guide for Child Nutrition Programs](#). Unlike a CN label, a PFS does not provide any warranty against audit claims. If foods with a PFS will be used in a reimbursable meal, the CACFP sponsor must check the manufacturer’s crediting information for accuracy. For more information, see the CSDE’s handouts, [Using Product Formulation Statements in the CACFP](#) and [Accepting Processed Product Documentation in the CACFP](#).

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

recognized medical authority: A state-licensed health care professional who is authorized to write medical prescriptions under state law and is recognized by the State Department of Public Health. In Connecticut, recognized medical authorities include physicians, physician assistants, doctors of osteopathy, and advanced practice registered nurses (APRNs), i.e., nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

registered dietitian: The Commission on Dietetic Registration defines a registered dietitian (RD) as an individual who has: completed the minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; met current minimum academic requirements (Didactic Program in Dietetics) as approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics; completed a supervised practice program accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics; successfully completed the Registration Examination for Dietitians; remitted the annual registration fee; and complied with the Professional Development Portfolio (PDP) recertification requirement.

reimbursable meals: Meals and snacks that meet the meal pattern requirements of the CACFP regulations, and are eligible for USDA funds.

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



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