

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



Accommodating Special Diets IN CACFP CHILD CARE PROGRAMS

**Child Care Centers • Family Day Care Homes
Emergency Shelters • At-risk Afterschool 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 CHILD CARE PROGRAMS

Connecticut State Department of Education • June 2016

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

Project Director
Susan S. Fiore, M.S., R.D.
Nutrition Education Coordinator



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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

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

This institution is an equal opportunity provider.

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut State Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, disability (including, but not limited to, intellectual disability, past or present history of mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The Connecticut State Department of Education does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction. Inquiries regarding the Department of Education's nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Act Coordinator, Connecticut State Department of Education, 25 Industrial Park Road, Middletown, CT 06457, 860-807-2071, Levy.Gillespie@ct.gov.

CONTENTS

About This Guide.....	iv
CSDE Contact Information	v
Abbreviations and Acronyms	vi
1 — Overview.....	1
Legislation Regarding Disabilities.....	1
Federal Legislation.....	2
State Legislation	2
Definition of Disability.....	4
Section 504 of the Rehabilitation Act and the ADA.....	4
USDA Nondiscrimination Regulations.....	5
Meal Modifications for Medical or Other Dietary Needs.....	6
Children with Disabilities	6
Children without Disabilities.....	6
Definition of Recognized Medical Authority	7
Required Meal Accommodations	7
Table 1. Determining if Meal Accommodations Are Required	9
Effect of Modifications on Meal Patterns.....	10
Required Documentation for Meal Pattern Substitutions	10
Procedures for Providing Information to Food Service.....	11
Storage and Updates of Medical Statements.....	11
Meal Reimbursement and Cost.....	12
Policies for Special Dietary Accommodations.....	13
Summary of CACFP Responsibilities.....	15
Meal Pattern Substitutions.....	15
Accessibility	16
Cooperation.....	16
Guidance for Special Diets.....	17

CONTENTS

2 — Modifications for Children with Disabilities.....	19
Criteria Requiring Accommodations.....	19
Determining if A Child Has a Disability	20
Medical Statement for Children with Disabilities.....	22
Appropriate Eating Areas	23
Temporary Disabilities	23
Specific Brands of Food.....	23
Number of Alternate Meals.....	24
Different Portion Sizes.....	24
Texture Modifications	24
Tube Feedings	25
Administering Feedings	25
Meal Services Outside of CACFP	25
Nutrition Information	26
Carbohydrate Counts.....	27
Food Allergies.....	28
State Requirement for Food Allergy Management Plan	28
Celiac Disease	29
Table 2. Examples of Foods to Avoid and Allow with Celiac Disease	30
Gluten Sensitivity.....	31
Autism.....	31
Milk Substitutions for Children with Disabilities	32
Fat Content.....	32
Table 3. Allowable Fat Content of Milk in CACFP Meals and Snacks for Ages 12 Months and Older.....	33
Nondairy Milk Substitutes	34

3 — Modifications for Children without Disabilities 35

 Exceptions to Optional Accommodations 35

 Medical Statement for Children without Disabilities..... 36

 Milk Substitutions for Children without Disabilities 37

 Table 4. Allowable Types of Milk for Children without Disabilities 37

 Nondairy Milk Substitutions 37

 Table 5. USDA Nutrition Standards for Milk Substitutes 38

 Required Documentation for Milk Substitutions..... 38

 Variety of Milk Substitutions 39

 Availability of Milk Substitutions 39

 Acceptable Nondairy Beverages for Milk Substitutions 39

 Lactose-reduced and Lactose-free Milk..... 40

 Juice and Water 40

 Table 6. Milk Substitutions for Children Ages 2 and Older without Disabilities..... 41

 Table 7. Milk Substitutions for Children Ages 12 through 23 Months without Disabilities..... 42

4 — Dietary Accommodations for Other Reasons..... 43

 Religious Reasons..... 43

 Jewish Sponsors 44

 Seventh-day Adventist Sponsors 45

 Table 8. USDA Requirements for APP in CACFP Meals and Snacks 45

 Vegetarians 46

 Personal Preferences..... 46

 Vended Meals 46

 Family-provided Foods 47

 Public Health Code 19-13-B42 48

5 — Resources 49

 CSDE Forms and Handouts 49

 CSDE Guides 50

 CSDE Resource Lists 50

 Web Sites 51

 Regulations and Policy 52

Glossary 55

ABOUT THIS GUIDE

Accommodating Special Diets in CACFP Child Care Programs contains guidance on providing meals for children with special dietary needs, based on the federal nondiscrimination laws and U.S. Department of Agriculture (USDA) regulations. This guide applies to CACFP child care centers, family day care homes, emergency shelters and at-risk afterschool 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 children 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 Child Care Programs is part of a series of six guides that comprise the CSDE’s *Nutrition Policies and Guidance for CACFP*. These guides assist child care centers, family day care homes, emergency shelters, and at-risk afterschool care centers with meeting CACFP requirements. The complete set of guides is available on the CSDE’s Nutrition Policies and Guidance for the CACFP Web page at www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326.

- Meal Pattern Requirements
- Crediting Foods
- Feeding Infants
- 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 the CACFP](#) Web page for the most current version.

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

Original Publication Date: July 2000
Previous Revision Date: September 2011
Current Revision Date: June 2016

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.

CACFP Staff	
Child Care Centers	Family Day Care Homes
<ul style="list-style-type: none">• Susan Boyle, 860-807-2074 susan.boyle@ct.gov• Celia Cordero, 860-807-2076 celia.cordero@ct.gov• Benedict Onye, 860-807-2080 benedict.onye@ct.gov	<ul style="list-style-type: none">• Celia Cordero, 860-807-2076 celia.cordero@ct.gov
Connecticut State Department of Education Bureau of Health/Nutrition, Family Services and Adult Education 25 Industrial Park Road Middletown, CT 06457	

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
CHR	Cumulative Health Record
CNP	Child Nutrition Programs
CSDE	Connecticut State Department of Education
DPH	Connecticut State Department of Public Health
ECP	Emergency Care Plan
ECS	Education Cost Sharing
FDA	Food and Drug Administration
FNS	Food and Nutrition Service, U.S. Department of Agriculture
IEP	Individualized Education Program
IDEA	Individuals with Disabilities Education Act
IHCP	Individualized Health Care Plan
PHC	Public Health Code
PPT	Planning and Placement Team
PKU	phenylketonuria
QFO	qualified food operator
RD	registered dietitian
SOP	standard operating procedure
USDA	U.S. Department of Agriculture

1 — Overview

All CACFP child care facilities must comply with the U.S. Department of Agriculture (USDA) nondiscrimination regulations ([7 CFR 15b](#)) and CACFP regulations ([7 CFR 226](#)) for accommodating children with special dietary needs. These regulations apply to all children served by CACFP facilities, including:

- infants from birth through 11 months;
- children ages 1-12;
- children ages 15 and younger of migrant workers;
- children of any age with disabilities; and
- children through age 18 in at-risk afterschool care centers and emergency shelters.

CACFP child care facilities include child care centers (including Head Start centers, at-risk afterschool care centers and emergency shelters) and family day care homes.

The USDA requirements for special dietary accommodations are different for children 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 children 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, three federal nondiscrimination laws contain provisions that may require special dietary accommodations for children with disabilities in CACFP facilities. These include:

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

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

Federal Legislation

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 (including public schools, child care centers and day care homes) from discriminating against children 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. Child care centers and day care homes are specifically included as public accommodations under the ADA.

The IDEA requires school districts to identify, evaluate and provide special education and related services to eligible children with disabilities from ages 3 through high school graduation or age 21, whichever occurs first. The child's school district is the only entity responsible for providing a child's special education and related services.

“Special education” is defined as the services and supports an individual child receives to access, participate and benefit from the education being offered to all children. Some children may receive special education in a public school classroom for part of the day and attend a child care program for another part of the day, and some children may receive their special education and related services in a public or private early childhood program such as Head Start, School Readiness, child care and other programs.

State Legislation

The Connecticut General Statutes address other requirements that apply to all children (with and without disabilities) in public schools, such as lunch periods and a management plan for life-threatening food allergies, as well as numerous requirements regarding school health services. [Chapter 169](#) (School Health and Sanitation) of the Connecticut General Statutes encompasses several statutes related to the provision of school health services within public schools in Connecticut. These statutes provide the framework for many school health policies for all children regarding health monitoring, screening and the administration of medications.



The state statutes on the next page address issues related to accommodating special dietary needs for child care programs in public schools. Child care programs operating in public schools (such as a Head Start center) must comply with these state statutes if the district identifies preschool as a grade level, and the enrolled prekindergarten students meet the definition for “resident student,” i.e., enrolled in the public school district at the expense of the town, for the purposes of Education Cost Sharing (ECS).

Preschool programs with children who do not meet the definition of resident student are not required to comply with these statutes. In addition, these statutes do not apply to child care centers that are not in schools, or to emergency shelters or family day care homes.

Connecticut General Statutes Section 10-221o. Lunch Periods and Recess.

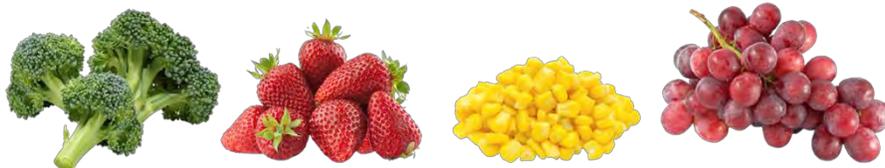
Each local and regional board of education shall require each school under its jurisdiction to (1) offer all full day students a daily lunch period of not less than twenty minutes, and (2) include in the regular school day for each student enrolled in grades kindergarten to five, inclusive, a period of physical exercise, except that a planning and placement team may develop a different schedule for a child requiring special education and related services in accordance with chapter 164 and the Individuals With Disabilities Education Act, 20 USC 1400 et seq., as amended from time to time. In the event of a conflict with this section and any provision of chapter 164, such other provision of chapter 164 shall be deemed controlling.

Connecticut General Statutes Section 10-212c. Life-threatening food allergies: Guidelines; District plans.

(a) Not later than January 1, 2006, the Department of Education, in conjunction with the Department of Public Health, shall develop and make available to each local and regional board of education guidelines for the management of students with life-threatening food allergies. The guidelines shall include, but need not be limited to: (1) education and training for school personnel on the management of students with life-threatening food allergies, including training related to the administration of medication with a cartridge injector pursuant to subsection (d) of section 10-212a, (2) procedures for responding to life-threatening allergic reactions to food, (3) a process for the development of individualized health care and food allergy action plans for every student with a life-threatening food allergy, and (4) protocols to prevent exposure to food allergens.

(b) Not later than July 1, 2006, each local and regional board of education shall implement a plan based on the guidelines developed pursuant to subsection (a) of this section for the management of students with life-threatening food allergies enrolled in the schools under its jurisdiction.

In response to Section 10-212c of the Connecticut General Statutes, the CSDE developed [Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools](#). For more information, see “[State Requirement for Food Allergy Management Plan](#)” in section 2.



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 child’s diabetes can be controlled through insulin and diet, the child still may qualify for protection because the Section 504 team cannot consider these mitigating measures in determining qualification. However, the team may use them to determine the needed accommodations for the child.

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 children with a disability that restricts their diet. This applies to all children who meet the definition of disability under any of the federal regulations, including Section 504 of the Rehabilitation Act, the ADA, the IDEA and the USDA nondiscrimination regulations. It also includes children 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.**

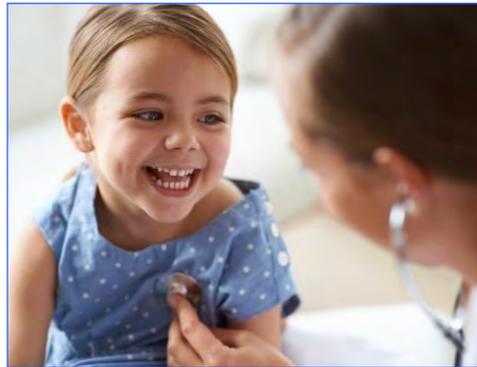
MEAL MODIFICATIONS FOR MEDICAL OR OTHER DIETARY NEEDS

The CACFP regulations require that all breakfasts, lunches, suppers and supplements (snacks) served to children must comply with the meal components and serving sizes in the [CACFP meal pattern for children](#) and [CACFP infant meal pattern](#). However, CACFP facilities may need to modify the meal patterns to meet the dietary needs of children who qualify as having 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 children with and without disabilities. These requirements are summarized below.

Children with Disabilities

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



Children without Disabilities

The CACFP regulations ([7 CFR 226.20](#)) **permit** meal modifications for children 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 children without disabilities only if the meals comply with the CACFP meal patterns, and the family provides a medical statement signed by a recognized medical authority. **For children 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 children meet any of the three criteria below.

- A child qualifies as having a disability under any of the federal nondiscrimination laws and the disability restricts the child’s diet, based on documentation from a recognized medical authority. For more information on special diets for children with disabilities, see [section 2](#).
- A child does not qualify as having a disability under any of the federal nondiscrimination laws but a recognized medical authority determines the child has a disability due to a severe medical need requiring meal accommodations. For more information, see “[Exceptions to Optional Accommodations](#)” in section 3.
- A child does not qualify as having a disability under any of the federal nondiscrimination laws but the USDA considers the child’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 family must provide a *Medical Statement for Children with Disabilities* form signed by a recognized medical authority before the CACFP facility can make any meal accommodations for the child. All meal accommodations must follow the specific written prescription from the recognized medical authority.

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

The only exception to the requirement for written documentation from a recognized medical authority is for nondairy milk substitutions for children without disabilities. CACFP facilities have the option of providing nondairy milk substitutes only for children without disabilities, based on a written statement from a parent/guardian. All nondairy milk substitutes must meet the USDA's nutrition standards for fluid milk substitutions (see [table 5](#) in section 3).

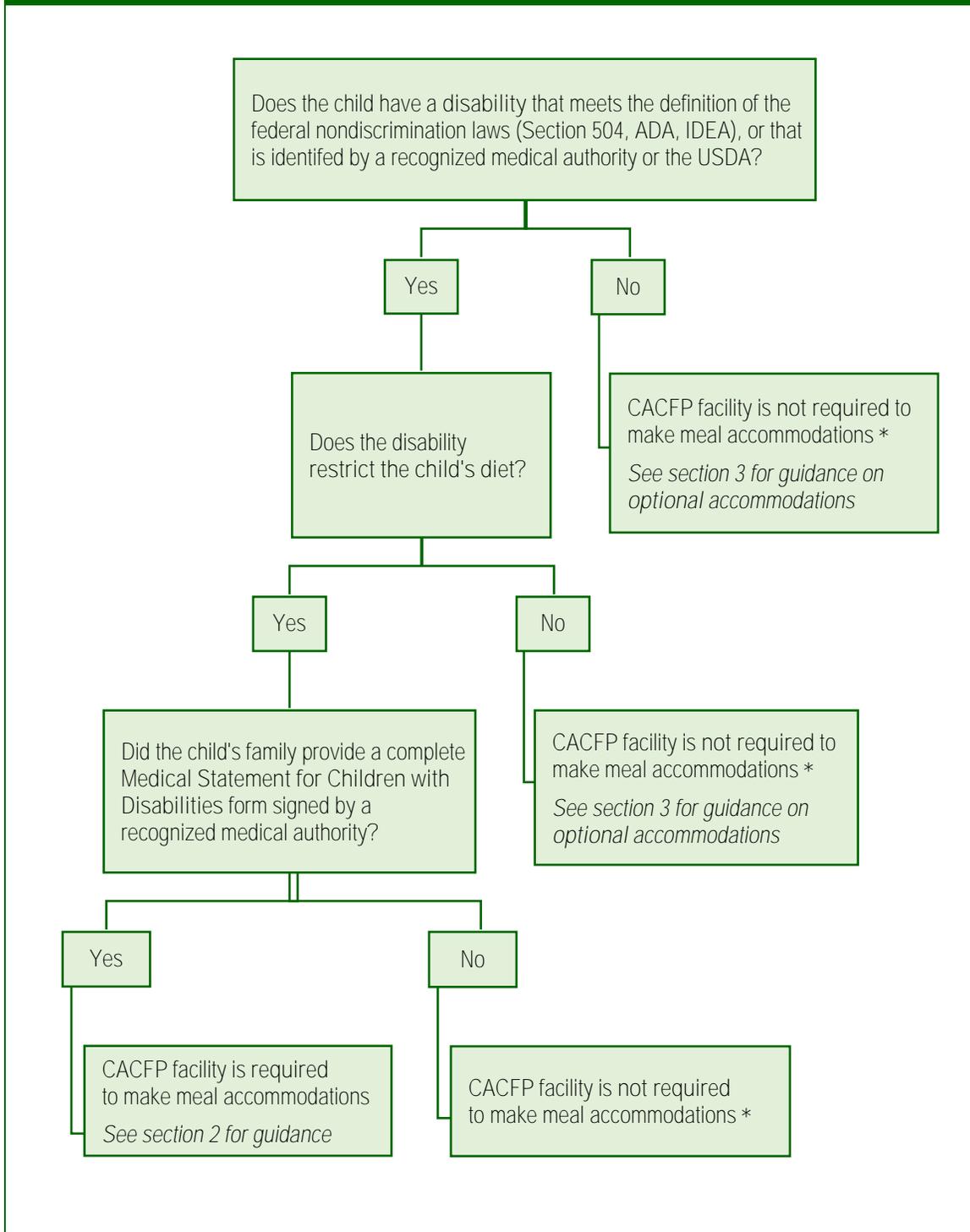


USDA regulations allow CACFP facilities to accept a written statement from parents/guardians only for milk substitutions for children **without** disabilities. The statement must identify the child's medical or other special dietary need that precludes cow's milk. For more information, see "[Milk Substitutions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

For children with disabilities, nondairy milk substitutions and any other meal substitutions require the *Medical Statement for Children with Disabilities* form. The USDA only allows written requests from parents/guardians for nondairy milk substitutes for children without disabilities.



Table 1. Determining if Meal Accommodations Are Required



* Optional accommodations for children 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 children with medical disabilities that restrict their diet, when the family provides a medical statement signed by a recognized medical authority. **However, optional accommodations for children without recognized medical disabilities must always be consistent with the CACFP meal patterns, even if the child's family provides a medical statement signed by a recognized medical authority.** For information on meal modifications for children without disabilities, see [section 3](#).



REQUIRED DOCUMENTATION FOR MEAL PATTERN SUBSTITUTIONS

CACFP facilities must have documentation on file for any modifications to the required CACFP meal patterns. Families must provide a *Medical Statement for Children with Disabilities* form if the child has a disability, or a *Medical Statement for Children without Disabilities* form if the child does not have a disability but has special dietary needs.

CACFP facilities must ensure that each child'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 child's medical disability but omit the specific food substitutions. In this case, the family must provide the CACFP facility with written information from a recognized medical authority concerning the specific modifications required for their child. If a CACFP facility encounters difficulties in obtaining the required information, staff should notify families of the problem, and ask them for help in obtaining a complete medical statement for the child.

It is important for 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 the health consultant, child care staff, and food service personnel is essential to ensure that children receive appropriate dietary accommodations. CACFP facilities must establish procedures for identifying children with special dietary needs, and provide this information to the staff responsible for preparing meals and feeding the children. For example, food service staff should be aware of children 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 children and their food restrictions, along with the appropriate substitutions designated by each child'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 child'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 child's medical records, such as the yearly physical form. The USDA regulations regarding meal accommodations for special dietary needs do not specify time limits on medical statements for children with or without disabilities.

Since children's 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, families could update medical statements in conjunction with the child's yearly physical. **Any changes to children's 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 children's 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 the appropriate dietary accommodations for each child. The CSDE recommends that CACFP facilities inform 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 children 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 child 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 child (see “[Tube Feedings](#)” in section 2). Child care programs may charge these costs to the CACFP or other non-CACFP funding sources, as appropriate.

In most cases, CACFP facilities can accommodate children with disabilities with little extra expense or involvement. When CACFP funds are insufficient to cover the additional cost, the child care program can consider alternative funding sources such as:

- the facility’s non-CACFP funds such as Head Start, School Readiness, Care 4 Kids, tuition and fees, and donations;
- Medicaid, which can fund special dietary supplements, eating devices, and nutrition consultation as medically necessary;
- Early and Periodic Screening, Diagnostic and Treatment (Medicaid);
- Supplemental Security Income;
- Medicare;
- Maternal and Child Health Services Block Grants; and
- community sources, such as parent teacher organizations, voluntary health associations, and other local community groups.

For more information on these funding resources, consult “Potential Funding Sources” in the USDA’s *Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff*.



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 children, 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 families regarding the child care program’s practices and procedures;
- provide a basis to evaluate program activities and staff members; and
- demonstrate the child care program’s commitment to children’s health and well-being.



Policies are an important tool to notify the child care community — including families, program staff and administrators — 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 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, child care staff and families; and
- monitoring to ensure that meal modifications are appropriate and meet individual dietary needs.

Since the USDA only requires modifications for children with disabilities, CACFP facilities will make decisions regarding meal pattern substitutions for children 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.

Policies for school-based programs, such as a Head Start center located in a school, should be **integrated with the district’s food allergy management plan, and developed in collaboration with school health services and school administration.** For more information, see [“State Requirement for Food Allergy Management Plan”](#) in section 2.

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. Child care programs can use school-based resources as a guide, such as the CSDE’s *Self-assessment of District Practices for Accommodating Special Dietary Needs in School Nutrition Programs* and *NFSMI Best Practices for Serving Students with Special Food and/or Nutrition Needs in School Nutrition Programs*.
- 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 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 child care programs, be sure to customize the information so it is specific to the local child care program.
- Identify the training needs of child care personnel regarding accommodations for children with special dietary needs. Provide professional development on special diets at least annually for food service staff, health services, and other child care staff, as appropriate.
- Determine effective communication strategies between the food service director, food service staff, health consultant, teachers, child care staff, administrators, and families.

SOPs for food safety practices in school meals provide a good template to assist child care programs with adapting the content to address special diets. 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 children, including those with disabilities. The following summarizes the responsibilities of CACFP personnel regarding dietary accommodations in child care centers and family day care homes.

Meal Pattern Substitutions

- CACFP facilities are required to make food substitutions or accommodations for children with disabilities who have special dietary needs. The child's family must provide a complete medical statement signed by a recognized medical authority before the CACFP facility can make any meal modifications. **All modified meals for children with disabilities must follow the specific prescription in each child's medical statement.** For more information on dietary accommodations for children 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 children without disabilities who have other medically certified special dietary needs. The child's 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 children without disabilities must comply with the CACFP meal patterns.** For more information on dietary accommodations for children without disabilities, see [section 3](#).
- CACFP facilities must maintain all medical statements on file with each child'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 always follow the specific prescription written by each child'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 children 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 child with disabilities. For more information, see “[Appropriate Eating Areas](#)” in section 2.

Cooperation

CACFP food service personnel should work closely with families and all other child care, medical, and community personnel who are responsible for the health, well-being and education of children with disabilities or with other special dietary needs, to ensure that the CACFP facility makes reasonable accommodations to allow these children’s participation in the meal service. This cooperation is particularly important when accommodating children whose disabilities require significant modifications or personal assistance.

For school-based programs, such as a Head Start center located in a school, the CSDE’s [Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools](#) provides information on the specific roles and responsibilities of food service personnel regarding food allergies.

GUIDANCE FOR SPECIAL DIETS

The resources below provide detailed guidance on accommodating a variety of special dietary needs such as celiac disease, diabetes, food allergies, metabolic disorders, feeding problems and other special dietary considerations.

- *Handbook for Children with Special Food and Nutrition Needs*. Institute of Child Nutrition, 2006. www.nfsmi.org/documentlibraryfiles/PDF/20080213015556.pdf
- *Happy Mealtimes for Healthy Kids (Lesson 3: Managing Food Allergies)*. Institute of Child Nutrition, 2011. www.childnutritioninstitute.org/documentlibraryfiles/PDF/20110921023035.pdf
- *Special Diets: Where Do We Start?* Mealtime Memo for Child Care, No. 12, 2009. Institute of Child Nutrition. www.childnutritioninstitute.org/documentlibraryfiles/PDF/20100329093016.pdf
- *Special Needs Facts Sheets (Allergy, Diabetes, Lactose Intolerance, Swallowing)*. Institute of Child Nutrition, 2003. <http://nfsmi-web01.nfsmi.olemiss.edu/ResourceOverview.aspx?ID=107>

For more resources, see the [Special Diets](#) section of the CSDE's [Nutrition Resources](#) list.





2 — Modifications for Children with Disabilities

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

- the child’s disability and an explanation of why the disability restricts the child’s diet;
- the major life activity affected by the disability; and
- the food or foods to be omitted from the child’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 children with disabilities. This ensures that the modified meal is reimbursable and meets nutrition standards that are medically appropriate for each child.

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 children meet any of the criteria below.

- A child qualifies as having a disability under any of the federal nondiscrimination laws and the disability restricts the child’s diet, based on documentation from a recognized medical authority.
- A child does not qualify as having a disability under any of the federal nondiscrimination laws but a recognized medical authority determines the child has a disability due to a severe medical need requiring meal accommodations. For more information, see “[Exceptions to Optional Accommodations](#)” in section 3.
- A child does not qualify as having a disability under any of the federal nondiscrimination laws but the USDA considers the child’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 family must provide a *Medical Statement for Children with Disabilities* form signed by a recognized medical authority before the CACFP facility can make any meal accommodations for the child. All meal accommodations must follow the specific written prescription from the recognized medical authority.

DETERMINING IF A CHILD HAS A DISABILITY

Section 504 and the ADA specify the criteria for determining whether a child has a disability. The determination of whether a child has a disability under Section 504 is through a Section 504 meeting, which can be initiated by anyone. A team of professionals who are knowledgeable about the condition of the child:

- reviews the child’s data;
- determines if additional information is needed; and
- determines if the child qualifies as having a disability under Section 504.

If the team determines the child has a disability under Section 504 (because the child has a physical or mental impairment that substantially limits a major life activity), the CACFP facility must make the accommodations specified by the *Medical Statement for Children with Disabilities* form in the child’s Section 504 plan, signed by a recognized medical authority.

There does not have to be an impact on education for a child with special dietary needs to qualify under Section 504. A child with special dietary needs may qualify under Section 504 if the dietary needs significantly impair the child’s major life activity of eating.

If the Section 504 meeting determines that the child does not have a disability, the CACFP facility could choose, but is not legally obligated, to accommodate the child. For the CACFP facility to make any dietary accommodations for a child without a disability, the child’s family must provide a *Medical Statement for Children without Disabilities* form signed by a recognized medical authority, and the meal must comply with the CACFP meal pattern requirements. For more information on special diets for children without disabilities, see [section 3](#).



Protection under Section 504 and the ADA extends to public and private child care centers. Centers must accommodations and reasonable modifications to their practices to allow children protected by these federal nondiscrimination laws to access the CACFP, which includes children with special dietary needs.

The recognized medical authority is not responsible for determining if the child has a disability for purposes of determining the child’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 child’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 child has a

severe medical need requiring meal accommodations, the USDA requires CACFP facilities to provide the meal accommodations even if:

- the child is not determined to have a disability under the federal nondiscrimination laws; or
- the 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 child if the family provides a *Medical Statement for Children 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 child 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 child’s severe medical condition requires dietary modifications**, the CACFP facility must make the accommodations specified in the *Medical Statement for Children with Disabilities* form.



MEDICAL STATEMENT FOR CHILDREN WITH DISABILITIES

The CSDE's *Medical Statement for Children with Disabilities* form assists CACFP facilities with collecting the required information to make dietary accommodations for children 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 child's disability and an explanation of why the disability restricts the child's diet;
- the major life activity affected by the disability;
- the food or foods to be omitted from the child's diet; and
- the food or choice of foods that may be substituted.

Examples of medical conditions that might require the *Medical Statement for Children 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 children. The determination of a child's disability and special dietary needs must be made on a case-by-case basis.

CACFP facilities must make dietary accommodations for children 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, the IDEA and the ADA, requires that in providing or arranging for the provision of nonacademic services and extracurricular activities, including meals, CACFP facilities must ensure that children with disabilities participate with children without disabilities to the maximum extent appropriate to the needs of children with disabilities. This provides children with disabilities the opportunity to interact with and learn from children without disabilities.



In rare instances, a child with a disability may benefit from being served separately. However, in all cases, the decision to feed a child with a disability separately must always be based on what is appropriate to meet the needs of the child. CACFP facilities cannot segregate children with disabilities from the regular meal service based on the convenience of the CACFP facility or other children.

TEMPORARY DISABILITIES

The requirements for providing accommodations for children with disabilities apply regardless of the duration of the disability. If a child 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 child 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 children 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 child's special dietary needs. For example, a child's medical statement lists ABC brand chicken patty as a substitute for the regular chicken patty offered 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 child's special dietary needs;
- another type of chicken that meets the child's special dietary needs, e.g., grilled or baked chicken; or
- another type of food that meets the child's special dietary needs, e.g., hamburger or sliced turkey.



CACFP facilities are only obligated to provide children with disabilities a reimbursable meal, not the same meal. CACFP facilities must offer the child a medically appropriate substitution that meets the requirements for a reimbursable meal, based on the approved substitutions listed in the child'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 child with disabilities. CACFP facilities are only obligated to offer children with disabilities a medically appropriate meal substitution based on the child's medical statement signed by a recognized medical authority. While USDA regulations require that CACFP facilities accommodate the dietary needs of children with disabilities, the "reasonableness" of that accommodation is a local decision. CACFP facilities can choose to provide one alternate meal that meets the child'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 child 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 child to be claimed for reimbursement.

The recognized medical authority must specify any requirements for different portion sizes in the *Medical Statement for Children with Disabilities* form.

TEXTURE MODIFICATIONS

Medical statements are not required when meals for children with disabilities require only modifications in texture, such as chopped, ground or pureed foods. The CACFP sponsor may apply stricter guidelines and require that the child care center or family day care home keep a medical statement on file concerning the needed texture modifications for each child.

The USDA recommends that CACFP facilities require families to provide 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 child 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 children 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, child care programs 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 child. For more information on tube feedings, see the CSDE's *Guidelines for Feeding and Swallowing Programs in Schools*.

ADMINISTERING FEEDINGS

While the CACFP facility is responsible for providing the necessary foods for a child with disabilities, CACFP food service personnel are not responsible for physically feeding the child. 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 child.

MEAL SERVICES OUTSIDE OF CACFP

The general guideline in making accommodations is that children with disabilities must be able to participate in and receive benefits from programs that are available to children without disabilities. A CACFP facility is not required to provide meal services to children with disabilities when the meal service is not normally available for all children. For example, if a CACFP facility does not serve breakfast, it is not required to provide breakfast for children 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 children with disabilities. However, CACFP facilities are not required to pay for other servings of special foods or nutrition supplements throughout the child care 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 families, health consultants, 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 and families to review. This enables families, in consultation with medical professionals, to determine the appropriate meals for their child’s specific dietary concerns.

For example, if a child has a life-threatening food allergy, the CACFP facility must provide the ingredients for foods served in CACFP meals. This information allows the family and appropriate medical personnel to determine which meals are safe for the child 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 and families. Everyone involved in planning and providing for the child’s meals shares responsibility for ensuring “reasonable” accommodations of the child’s needs. This includes parents/guardians, health consultants, medical professionals, program administrators, and food service personnel.



When the CACFP facility obtains meals through a food service management contract or a school food agreement with a board of education, 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 to the family of a diabetic child 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, CACFP food service personnel are not responsible for:

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

These tasks are the responsibility of the child care program's health consultant or other 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 child's diet order, prescribed meal substitutions, or any other required modifications, they should consult the appropriate medical personnel who work with the child, such as the health consultant and the child'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 child’s food allergy is severe enough to result in a life-threatening reaction (anaphylactic reaction), the child’s condition meets the USDA’s definition of “disability,” and the CACFP facility must make the prescribed substitutions. The family must provide the *Medical Statement for Children 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.

Children 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 children without disabilities. The child’s family must provide the *Medical Statement for Children without Disabilities* form signed by a recognized medical authority before the CACFP facility can make any meal modifications. Modified meals for children without life-threatening food allergies must always comply with the CACFP meal pattern requirements.

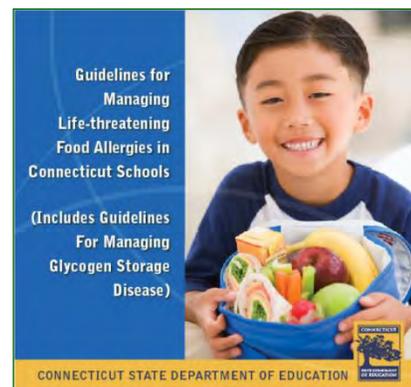
For more information on managing food allergies, see “Food Allergies” in the [Special Diets](#) section of the CSDE’s [Nutrition Resources](#) list.

State Requirement for Food Allergy Management Plan

CACFP facilities in public schools should be familiar with their district’s food allergy management plan and implement procedures that are consistent with that plan. [Section 10-212c](#) of the Connecticut General Statutes requires that public schools develop and implement a plan to manage students with life-threatening food allergies. The law also specifies that schools should:

- base the plan on the CSDE’s [Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools](#); and
- include the development of an Individualized Health Care Plan (IHCP) for every student with life-threatening food allergies, regardless of the child’s age.

For more information, see “[State Legislation](#)” in section 1.



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.

Children 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 children with celiac disease if the child’s family provides a *Medical Statement for Children 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 child’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 children with celiac disease, CACFP facilities must follow the specific dietary requirements prescribed by the recognized medical authority in each individual child’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 child, the CACFP facility must make the appropriate dietary accommodations. The family must provide a *Medical Statement for Children with Disabilities* form signed by a recognized medical authority.

AUTISM

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

For some autistic children, 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 Children with Disabilities* form.

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

MILK SUBSTITUTIONS FOR CHILDREN WITH DISABILITIES

The CACFP meal pattern for children requires whole milk for children ages 12-23 months, and low-fat (1%) or fat-free (skim) milk for children ages 2 and older. For children 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 child’s disability and an explanation of why the disability restricts the child’s diet;
- the major life activity affected by the disability;
- the specific type of milk to be omitted from the child’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 children **without** disabilities must always comply with the CACFP meal pattern. For more information, see “[Milk Substitutions for Children without Disabilities](#)” in section 3. For information about milk substitutions in the CACFP infant meal pattern, see the CSDE’s *Feeding Infants in CACFP Child Care Programs*.

Fat Content

Milk substitutions must be related to a medical disability for the CACFP facility to claim reimbursement for the meals.

- For ages 12 through 23 months, CACFP facilities can serve low-fat or fat-free milk only when a child has a medically documented disability that requires low-fat or fat-free milk, and the family provides a medical statement signed by a recognized medical authority.
- For ages 2 and older, CACFP facilities can serve whole or reduced-fat milk only when a child has a medically documented disability that requires whole or reduced-fat milk, and the 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.

Table 3. Allowable Fat Content of Milk in CACFP Meals and Snacks for Ages 12 months and Older

Scenario	Can the meal/snack be claimed for CACFP reimbursement?
<p>Children with a Disability Ages 12 through 23 Months A parent requests that the CACFP facility serves low-fat (1%) or fat-free milk to a child age 12 through 23 months who needs lower fat milk because of a medical disability.</p>	<p>Yes, if the child has a medical disability that requires low-fat (1%) or fat-free milk. The family must provide a medical statement signed by a recognized medical authority that specifies:</p> <ul style="list-style-type: none"> • the child's disability, and an explanation of why the disability restricts the child's diet; • the major life activity affected by the disability; and • the specific fat content of milk to be omitted from the child's diet; and • the specific fat content of milk that must be substituted.
<p>Children with a Disability Ages 2 and Older A parent requests that the CACFP facility serves whole milk or reduced-fat (2%) milk to a child age 2 or older who needs higher fat milk because of a medical disability.</p>	<p>Yes, if the child has a medical disability that requires whole milk or reduced-fat milk. The family must provide a medical statement signed by a recognized medical authority that specifies:</p> <ul style="list-style-type: none"> • the child's disability, and an explanation of why the disability restricts the child's diet; • the major life activity affected by the disability; and • the specific fat content of milk to be omitted from the child's diet; and • the specific fat content of milk that must be substituted.
<p>Children without a Disability Ages 12 through 23 Months A parent requests that the CACFP facility serves low-fat (1%) or fat-free milk to a child age 12 through 23 months who does not have disability.</p>	<p>No. All CACFP meals and snacks for children ages 12 through 23 months must contain whole milk. *</p> <p>Requests for low-fat (1%) or fat-free 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 Children without Disabilities" in section 3.</p>
<p>Children without a Disability Ages 2 and Older A parent requests that the CACFP facility serves whole milk or reduced-fat (2%) milk to a child age 2 or older who does not have disability.</p>	<p>No. All CACFP meals and snacks for children ages 2 and older 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 Children 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>, requires unflavored whole milk for ages 12 through 23 months, and unflavored low-fat or fat-free milk for ages 2 through 5. For ages 6 and older, flavored milk can be served but must be fat-free. The CSDE encourages CAFCP facilities to serve only unflavored milk.</p>	

Nondairy Milk Substitutes

When children have a medically documented disability that requires a milk alternative such as soy milk, the CACFP facility must make the substitution when the family provides a *Medical Statement for Children with Disabilities* form signed by a recognized medical authority. Nondairy milk substitutes for children **with** disabilities are not required to follow the USDA nutrition standards for milk substitutes. However, nondairy milk substitutes for children **without** disabilities must always comply with USDA nutrition standards (see [table 6](#) in section 3).



3 — Modifications for Children without Disabilities

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

- the meals comply with the CACFP meal pattern requirements; and
- the child’s family provides a *Medical Statement for Children 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 children without disabilities. This ensures that the modified meal is reimbursable and meets nutrition standards that are medically appropriate for the child.

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

EXCEPTIONS TO OPTIONAL ACCOMMODATIONS

USDA regulations specify that meal modifications for children without recognized medical disabilities are optional. However, CACFP facilities must provide meal accommodations for children without disabilities under the federal nondiscrimination laws if:

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

federal nondiscrimination laws. For example, a child with cardiac disease is on a low-fat and low-sodium diet. The child’s physician signed a *Medical Statement for Children with Disabilities* form indicating that the child’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 child.

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 child 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. The child’s family must provide a *Medical Statement for Children 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 CHILDREN WITHOUT DISABILITIES

The CSDE’s *Medical Statement for Children without Disabilities* form assists CACFP facilities in collecting the required information to make meal modifications for children 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 child’s diet;
- the food or foods to be omitted from the child’s diet; and
- the food or choice of foods that may be substituted.

Examples of medical conditions that might require the *Medical Statement for Children 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 require special dietary accommodations for all children. CACFP facilities must review each child’s situation on a case-by-case basis.

CACFP facilities must make dietary accommodations for children 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 CHILDREN WITHOUT DISABILITIES

CACFP regulations require that whole milk must be served to children ages 12 through 23 months. For children ages 2 and older, CACFP facilities must serve only low-fat (1%) or fat-free (skim) milk. Table 4 summarizes the varieties of milk allowed in the CACFP for children without disabilities.

CACFP facilities cannot serve whole or reduced-fat (2%) milk to children ages 2 and older without disabilities, even with a medical statement signed by a recognized medical authority. The CACFP meal pattern does not allow whole or reduced-fat milk unless a child has a **medically documented disability** that requires whole or reduced-fat milk, and the family provides a medical statement signed by a recognized medical authority. For more information, see “[Milk Substitutions for Children with Disabilities](#)” in section 2, and [table 3](#).



Table 4. Allowable Types of Milk for Children without Disabilities

Age	Whole *	Reduced-fat (2%)	Low-fat (1%) **	Fat-free (Skim) **
12 through 23 months (1 year)	✓			
24 months (2 years) and older			✓	✓
* 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 whole milk must be unflavored for ages 12 through 23 months. ** Effective October 1, 2017, the final rule requires that low-fat milk and fat-free milk must be unflavored for ages 2 through 5. For ages 6 and older, flavored milk must be fat-free. The CSDE encourages CAFCP facilities to serve only unflavored milk.				

Nondairy Milk Substitutions

CACFP facilities have the option of providing nondairy milk substitutes, such as soy milk, for children 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 fluid milk, and meet the USDA nutrition standards for fluid milk substitutes (see [table 5](#)). This ensures that children without disabilities who require a substitute for cow’s milk for cultural, ethnic, religious or medical reasons receive the important nutrients found in milk. The CACFP does not provide additional reimbursement if a CACFP facility chooses to provide these substitutions.

Table 5. 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 child’s 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 criteria below.

Required Documentation for Milk Substitutions

Parents/guardians may request a nondairy milk substitute in writing without providing a medical statement signed by a recognized medical authority. For example, parents of vegetarian children 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 child’s diet.



The soy milk offered by the CACFP facility must meet the USDA nutrition standards for fluid milk substitutes (see [table 5](#)). The CACFP facility must maintain all parent/guardian requests for milk substitutions on file with children’s other medical records. For more information, see “[Storage and Updates of Medical Statements](#)” in section 1.

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

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

Variety of Milk Substitutions

CACFP facilities may choose how many types of milk substitutions to offer to children without disabilities. If more than one substitution is offered, the CACFP facility must inform all parents/guardians of the options and allow all parents/guardians 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
- a nondairy beverage that meets the USDA nutrition standards for fluid milk substitutions (see [table 5](#), and “[Acceptable Nondairy Beverages for Milk Substitutions](#)” below).

Availability of Milk Substitutions

If a CACFP facility chooses to make allowable milk substitutions available, they must be available for all children when requested by parents/guardians. A CACFP facility that approves a parent’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 parent’s request, then soy milk must be available to all children whose parents/guardians make any request for fluid milk substitutions. All soy milk products must meet the USDA’s nutrition standards for fluid milk substitutions (see [table 5](#)).

Acceptable Nondairy Beverages for Milk Substitutions

The CSDE’s handout, *Allowable Milk Substitutions for Children 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 5](#)). 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 Children without Disabilities in the CACFP*.

In addition to meeting the USDA nutrition standards, any nondairy milk substitutes used in CACFP meals and snacks in **public schools** must meet the beverage requirements of state statutes. [Section 10-221q](#) of the Connecticut General Statutes specifies that nondairy milk substitutes may be flavored but contain no artificial sweeteners, no more than 4 grams of sugars per ounce, no more than 35 percent of calories from fat and no more than 10 percent of calories from saturated fat. Public schools cannot serve nondairy milk substitutes as part of reimbursable CACFP meals unless they meet the USDA nutrition standards and the state standards. The CSDE’s handout, *Allowable Milk Substitutions for Children without Disabilities in the CACFP*, identifies products that meet both requirements.

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.

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 parent/guardian. The CSDE encourages CACFP facilities to make unflavored lactose-reduced or lactose-free milk available to children as needed. Lactose-reduced and lactose-free milk must be whole milk for ages 12 through 23 months, and low-fat or fat-free milk for ages 2 and older.



Juice and Water

CACFP facilities can **never** offer juice or water as milk substitutes for children 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 5](#)). These are the only options allowed for milk substitutions. CACFP facilities cannot serve juice or water as fluid milk substitutes for children without disabilities, even if the child’s family provides a medical statement signed by a recognized medical authority.

[Table 6](#) shows examples of milk substitutions for children ages 2 and older without disabilities, and whether they are allowable. [Table 7](#) shows examples of milk substitutions for children ages 12 through 23 months without disabilities, and whether they are allowable.



Table 6. Milk Substitutions for Children Ages 2 and Older 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 for ages 2 and older. *
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 flavored milk, including lactose-free and lactose-reduced milk, through September 30, 2017. Effective October 1, 2017, fat-free milk for ages 2 through 5 must be unflavored, but can be flavored for ages 6 and older. *
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.
<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 unflavored low-fat and fat-free milk for ages 2 through 5. Flavored fat-free milk can be served to ages 6 and older. 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 5 in this section.</p>	

Table 7. Milk Substitutions for Children Ages 12 through 23 Months without Disabilities	
CACFP Facility Offers	Is this an allowable milk substitution?
Reduced-fat (2%) milk, flavored or unflavored	No. The CACFP meal pattern requires whole milk for ages 12 through 23 months. Effective October 1, 2017, whole milk must be unflavored. *
Reduced-fat (2%) lactose-free or lactose-reduced milk, flavored or unflavored	No. The CACFP meal pattern requires whole milk for ages 12 through 23 months. Effective October 1, 2017, whole milk must be unflavored. *
Low-fat (1%) lactose-free or lactose-reduced milk, flavored or unflavored	No. The CACFP meal pattern requires whole milk for ages 12 through 23 months through September 30, 2017. Effective October 1, 2017, whole milk must be unflavored. *
Fat-free (skim) lactose-free or lactose-reduced milk, flavored or unflavored	No. The CACFP meal pattern requires whole milk for ages 12 through 23 months through September 30, 2017. Effective October 1, 2017, whole milk must be unflavored. *
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.
<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 unflavored whole milk for ages 12 through 23 months.</p> <p>** For more information on the USDA nutrition standards for milk substitutes, see table 5 in this section.</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 child 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](#).



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 children 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 5](#).
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 8. 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 Child 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 children must include all required CACFP meal pattern components. The CACFP facility must provide these components. Meals and snacks containing parent-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 children 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 8](#)).



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 Child 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 family or child. CACFP facilities can choose to accommodate children’s 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 child care population are equally available to children with disabilities. Consequently, CACFP facilities must make accommodations for children 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 child care facility obtains meals from a vendor, the child care facility 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 children with disabilities who have special dietary needs.** The CACFP facility must provide all required CACFP meal pattern components with any modifications specified in the child’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 children. 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 children **without** disabilities when the family supplies a particular food or beverage item for medical reasons, if the child 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 child’s medical issue in the request and attach a copy of the medical statement signed by the child’s recognized medical authority; and
- outline the food or beverage item to be provided by the parent/guardian 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 child’s other medical records (see “[Storage and Updates of Medical Statements](#)” in section 1). Each approval may be used only for the child for whom the request has been granted. These procedures are summarized in the CSDE’s [Operational Memorandum No. 03C-07 and 03H-07, Reimbursement for Meals Provided by Parents for Medical Reasons in the CACFP](#).

Some programs never allow parents to provide food from home because of food safety issues, and the liability that might arise if a child gets a foodborne illness. Connecticut’s Public Health Code 19-13-B42 applies to all foods served in child care centers and emergency shelters, regardless of whether they are prepared on site or brought from home. Child care programs must develop policies and procedures to ensure the safety of foods brought from home to be served in the child care environment.

Public Health Code 19-13-B42 does not apply to family day care homes. However, family day care homes must follow proper procedures to ensure the safety of meals served to children in the CACFP. 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](#).

4 | OTHER DIETARY ACCOMMODATIONS

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 children without disabilities that contain family-provided components are reimbursable only if the center or day care home has **prior written approval from the CSDE** for the specific modifications for an individual child.

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**. Public Health Code 19-13-B42 does not apply to family day care homes.

The Connecticut State Department of Public Health (DPH) has advised local health departments that all foods in food service establishments, including child care centers and emergency shelters, must originate from inspected, regulated sources and be transported properly at required temperatures. Foods sent into the child 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 children 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 Children without Disabilities in the Child and Adult Care Food Program
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/sdn/cacfpmilksub.pdf

Medical Statement for Children with Disabilities

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/sdn/medicaldis_cacfp.pdf
 (PDF Version)

www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/sdn/cacfp/sdn/medicaldis_cacfp.doc (word version)

Medical Statement for Children without Disabilities

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/sdn/medical_cacfp.pdf
 (PDF version)

www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/cacfp/sdn/medical_cacfp.doc
 (Word Version)

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 the CACFP](#) Web site (see Special Diets and Food Safety).



CSDE GUIDES

Action Guide for Child Care Nutrition and Physical Activity Policies

www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=322594

Guidelines for Feeding and Swallowing Programs in Schools

www.sde.ct.gov/sde/lib/sde/pdf/deps/special/feeding_and_swallowing.pdf

Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools

www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=334632

Nutrition Policies and Guidance for the CACFP

- *Accommodating Special Diets in CACFP Child Care Programs:*
www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#special
- *Crediting Foods in CACFP Child Care Programs:*
www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#crediting
- *Feeding Infants in CACFP Child Care Programs:*
www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#infants
- *Food Safety in CACFP Child Care Programs:*
www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#safety
- *Healthy Meals in CACFP Child Care Programs*
www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#healthymeals
- *Meal Pattern Requirements in CACFP Child Care Programs*
www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326#mealpattern

CSDE RESOURCE LISTS

The CSDE resource lists are available on the CSDE's Resources for CACFP Child Care Web page at www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333812.

- *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 (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=321576

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 Child Care Centers (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333810

Forms for CACFP Homes (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333826

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 the CACFP (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322326

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 the CACFP (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333814

Resources for CACFP Child Care (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333812

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 No. 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 No. 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 No. 03C-13 and 3H-13: Dietary Accommodations for Celiac Disease in the CACFP:
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/memos/memos13/OM03C13_03H13.pdf

CSDE Operational Memorandum No. 03C-07 and 03H-07: Reimbursement for Meals Provided by Parents for Medical Reasons in CACFP:
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/memos/memosold/OM03C07_03H07.pdf

CSDE Operational Memorandum No. 10C-11 and 13H-11: Water Availability in the Child and Adult Care Food Program:
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/memos/memos11/OM10C11_13H11.pdf

CSDE Operational Memorandum No. 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

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 Instruction 783-9 Rev. 2: Family Style Meal Service in the Child and Adult Care Food Program: www.sde.ct.gov/sde/LIB/sde/pdf/DEPS/Nutrition/FNSInstructions/783-9.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

Individuals with Disabilities Education Act (IDEA): <http://idea.ed.gov/>

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 13-2015: Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Programs: <http://www.fns.usda.gov/statements-supporting-accommodations-children-disabilities-cnp>

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

USDA Memo CACFP 04-2010: Q&As: Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability): <http://www.fns.usda.gov/qas-milk-substitution-children-medical-or-special-dietary-needs-non-disability>

U.S. Department of Education Office of Special Education Programs:
www.ed.gov/about/offices/list/osers/osep/index.html



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 Child 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.

at-risk afterschool care centers: The at-risk afterschool meals component of the CACFP provides reimbursement for snacks and suppers served to children through age 18 who are participating in afterschool programs in eligible (at-risk) areas. The program provides funds to public and private nonprofit (federal tax-exempt) and for-profit organizations, and schools, for nutritious snacks and suppers served as part of organized programs of care, which are known to help reduce or prevent children’s involvement in high-risk behaviors. All snacks must meet the requirements of the CACFP meal pattern for children. For more information, see the USDA’s [CACFP Afterschool Programs](#) Web page.

body mass index: A number calculated from a child’s weight and height that is a reliable indicator of body fat for most children and teens. For children ages 2 through 19, the BMI number is plotted on the Centers for Disease Control and Prevention’s (CDC) BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. BMI ranges for children and teens are defined so that they take into account normal differences in body fat between boys and girls and differences in body fat at various ages. For more information, see the CDC’s [About Child and Teen BMI](#) 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 children 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 the USDA’s [CACFP](#) Web page.

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

CACFP meal pattern for children: The required food components and minimum serving sizes that facilities participating in the CACFP must provide to children ages 1-12 to receive federal reimbursement for meals (breakfast, lunch, and supper) and snacks served to children. (Note: Emergency shelters can serve CACFP meals to residents ages 18 and younger and to children of any age who have disabilities. At-risk afterschool care centers can serve CACFP snacks to students ages 18 or younger.) For more information, see the CACFP meal pattern for children in the CSDE’s [Meal Pattern Requirements for CACFP Child Care Programs](#).

CACFP meal pattern for infants: The required food components and minimum serving sizes that facilities participating in the CACFP must provide to infants from birth through 11 months to receive federal reimbursement for meals and snacks served to infants. For more information, see the [CACFP Infant Meal Pattern](#) and the CSDE’s [Feeding Infants in CACFP Child Care Programs](#).

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 Child 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 children 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 Children 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 (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 Child Care Programs*

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 components: The four food groups that comprise reimbursable meals in the CACFP (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 Child Care Programs*. Note: Effective October 1, 2017, the USDA final rule, *Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010*, changes the CACFP meal pattern for children 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.

food item: A specific food offered within the food components that comprise reimbursable meals in the USDA Child Nutrition Programs. In the CACFP meal pattern for children, a food item is one of the three required foods for breakfast, one of the five required foods for lunch and supper, or one of the two required foods for snack.

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.

Individualized Education Program (IEP): A written statement for a child with a disability that is developed, reviewed and revised in accordance with the Individuals with Disabilities Education Act (IDEA) and its implementing regulations. The IEP is the foundation of the student’s educational program. It contains the program of special education and related services to be provided to the child with a disability covered by the IDEA.

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

Individuals with Disabilities Education Act (IDEA): A federal law ensuring services to children with disabilities that governs how states and public agencies provide early intervention, special education and related services to eligible infants, toddlers, children, and youth with disabilities. The IDEA provides financial assistance to states in the provision of special education and related services for eligible children. For more information, see the [IDEA 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 Child 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 children with special dietary needs. For information on medical statements for children with disabilities, see section 2. For information on medical statements for children 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.

National School Lunch Program (NSLP): The USDA's federally assisted meal program operating in public and nonprofit private schools, and residential child care institutions. The NSLP provides nutritionally balanced, low-cost or free lunches to children each school day. It was established under the National School Lunch Act, signed by President Harry Truman in 1946. For more information, see the CSDE's [National School Lunch Program Web page](#).

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 the CACFP](#).

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 5](#).

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

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

Planning and Placement Team: A group of certified or licensed professionals who represent each of the teaching, administrative and pupil personnel staffs, and who participate equally in the decision-making process to determine the specific educational needs of a child eligible for special education, and develop an individualized educational program for the child. These are people knowledgeable in the areas necessary to determine and review the appropriate educational program for a child eligible for special education.

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.

School Breakfast Program (SBP): The USDA's federally assisted meal program operating in public and nonprofit private schools, and residential child care institutions. The SBP provides nutritionally balanced, low-cost or free breakfasts to children each school day. The program was established under the Child Nutrition Act of 1966 to ensure that all children have access to a healthy breakfast at school to promote learning readiness and healthy eating behaviors. For more information, see the CSDE's [School Breakfast Program](#) Web page.

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.





CSDE

CONNECTICUT STATE
DEPARTMENT OF EDUCATION