

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

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

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

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

Determining if a meal modification is required

CACFP facilities can determine if a child requires a meal modification by reviewing question 10 in section B of the CSDE's *Medical Statement for Meal Modifications in CACFP Child Care Programs* form. Question 10 asks if the child has a physical or mental impairment that restricts their diet. If the recognized medical authority's answer is "Yes," the CACFP facility must make the meal modification. If the recognized medical authority's answer is "No," the CACFP facility can choose, but is not required, to make the meal modification. For more information, see "What Constitutes a Disability" on page 2.

Meal Modifications for Children with Disabilities

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

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

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Section 504 of the Rehabilitation Act of 1973 (Section 504), the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, and the USDA nondiscrimination regulations (7 CFR 15b) define a **person with disability** as any person who has a physical or mental impairment that substantially limits one or more “major life activities,” has a record of such impairment, or is regarded as having such impairment” (29 USC 705(9)(b), 42 USC 12101, and 7 CFR 15b.3). The definitions for these terms are below.

- **“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”** are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. “Major life activities” also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
- **“has a record of such impairment”** means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.
- **“is regarded as having an impairment”** means 1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; 2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments; or 3) has none of the impairments defined in “physical and mental impairment” but is treated by a recipient as having such an impairment.

What constitutes a disability

Under the ADA Amendments Act, most physical and mental impairments constitute a disability. This includes conditions that impair immune, digestive, neurological, and bowel functions, as well as many others. **All disability considerations must be reviewed on a case-by-case basis.**

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- Under the ADA Amendments Act, a physical or mental impairment does not need to be life threatening to constitute a disability. It is sufficient that it limits a major life activity. For example, a food intolerance, such as lactose intolerance or gluten intolerance, may be considered a disability if it substantially limits digestion, a bodily function that is a major life activity. A child whose digestion is impaired by a food intolerance may be a person with a disability, regardless of whether consuming the food causes the child severe distress.
- If a child's condition is not listed under the ADA's categories of diseases and conditions, it cannot be assumed that the condition is not a disability. The ADA's categories of diseases and conditions are not all-inclusive; there are more conditions that meet the definition of disability than are listed in the law.
- The determination of whether a physical or mental impairment constitutes a disability must be made without regard for whether mitigating measures may reduce the impact of the impairment. An impairment may be covered as a disability even if medication or another mitigating measure may reduce the impact on the impairment. For example, the fact that a child may be able to control an allergic reaction by taking medication should not be considered in determining whether the allergy is a disability.
- A food allergy is generally considered a disability. Under the ADA Amendments Act, a food allergy does not need to be life-threatening or cause anaphylaxis to be considered a disability. A non-life-threatening food allergy may be considered a disability and require a meal modification if it impacts a major bodily function or other major life activity, such as digestion, respiration, immune response, and skin rash.
- Autism is considered a disability and may require a reasonable modification if it substantially limits a major life activity such as eating. For example, some children with autism will only eat certain foods due to their repetitive and ritualistic behavior patterns. Any physical or mental impairment preventing a child from consuming a meal is considered a disability.
- Phenylketonuria (PKU), diabetes, and celiac disease are considered disabilities and may require reasonable meal modifications.
- Obesity is recognized by the American Medical Association as a disease and may be considered a disability if the condition of obesity substantially limits a major life activity.
- If a disability is episodic and substantially limits a major life activity when active, the CACFP facility must provide a reasonable modification for the child. Whether a temporary impairment is a disability must be determined on a case-by-case basis, taking into consideration both the duration (or expected duration) of the impairment and the extent to which it actually limits a major life activity of the affected individual. If the condition is temporary, but severe and lasts for a significant duration, the CACFP facility must provide a reasonable modification for the

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duration of the condition. 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 significant period of time unless the texture is modified. The CACFP facility must make the meal modification, even though the child is not “permanently” disabled. Temporary illness or injury, such as a cold, the flu, or a minor broken bone, are generally not considered conditions that require reasonable meal modifications.

- General health concerns and personal preferences, such as a parent’s preference that a child eats a gluten-free diet or organic foods because the parent believes it is healthier for the child, are **not** disabilities and do not require meal modifications.

For additional guidance, see [USDA Memo CACFP 14-2017 SFSP 10-2017: Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program](#), and the CSDE’s guide, [Accommodating Special Diets in CACFP Child Care Programs](#).

Required Documentation for Children with Disabilities

For children with disabilities, the USDA requires that the medical statement to request meal modifications must include three components:

- information about the child’s physical or mental impairment that is sufficient to allow the CACFP facility to understand how it restricts the child’s diet;
- an explanation of what must be done to accommodate the child’s disability; and
- if appropriate, the food or foods to be omitted and recommended alternatives.

In some cases, more information may be required. For example, if the child requires caloric modifications or the substitution of a liquid nutritive formula to accommodate a disability, the recognized medical authority should include this information in the medical statement.

Note: CACFP facilities should not deny or delay a requested meal modification because the medical statement does not provide sufficient information, for example, the medical statement does not provide recommended alternatives or fully explain the needed modification for the child. When necessary, CACFP facilities should work with the child’s parent or guardian to obtain the required information. However, clarification of the medical statement should not delay the CACFP facility from providing a meal modification for the child. While obtaining additional information, the CACFP facility should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible.

If CACFP facilities choose to use an alternate medical statement form, it must contain the three USDA components above. **To protect children’s privacy and confidentiality, the CACFP facility’s medical statement *cannot* require a specific diagnosis by name or use the term “disabled” or “disability.”**

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Assessing modifications for children with disabilities

CACFP facilities may consider expense and efficiency in choosing an appropriate approach to accommodate a child's disability. The USDA does not require CACFP facilities to provide the exact substitution or other modification requested in the child's medical statement, such as a specific brand of food. In most cases, a generic brand is sufficient. CACFP facilities must work with the child's family to offer a reasonable modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from the CACFP.

The USDA does not require CACFP facilities to make modifications that would result in a fundamental alteration to the nature of the CACFP, such as expensive meal modifications that would make continued operation of the CACFP unfeasible. The expense of a modification is measured against the total resources available to the individual CACFP center or family day care home. For example, providing an expensive medical infant formula to accommodate an infant's disability may be so financially burdensome for a CACFP family day care home with one staff member that it would make operating the CACFP unfeasible, and consequently would fundamentally alter the nature of the CACFP. In this example, the CACFP family day care home is not required to provide the requested medical infant formula. For additional guidance, see [USDA Memo CACFP 14-2017 SFSP 10-2017: Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program](#), and the CSDE's guide, *Accommodating Special Diets in CACFP Child Care Programs*.

Milk substitutes for children with disabilities

If cow's milk causes any digestive problems, the condition may be considered a disability under the ADA Amendments Act and may require a substitution. When a child has a medically documented disability that requires a milk substitute, the CACFP facility must provide an appropriate substitute based on the child's medical statement. For children with disabilities, CACFP facilities can claim reimbursement for meals that contain other beverages in place of milk, such as juice, water, or nondairy beverages that do not meet the USDA nutrition standards for fluid milk substitutes. **Note:** Juice, water, and milk substitutes that do not comply with the USDA nutrition standards are not allowed for children without disabilities.

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Meal Modifications for Children without Disabilities

CACFP facilities have the **option** to make meal modifications on a case-by-case basis for children whose special dietary needs do not constitute a disability, including those related to religious or moral convictions, general health concerns, and personal food preferences, such as a preference that a child eats a gluten-free diet because a parent believes it is better for the child.

All meals served to children without disabilities must comply with the CACFP meal patterns.

For children without disabilities, CACFP facilities cannot claim reimbursement for meals that do not meet the CACFP meal patterns. For information on the CACFP meal patterns, visit the CSDE's [Meal Patterns for CACFP Child Care Programs](#) webpage and review the CSDE's guide, *Meal Pattern Requirements for CACFP Child Care Programs*.

The USDA does not require a medical statement for modified meals that meet the CACFP meal patterns. However, the CSDE recommends obtaining a medical statement for these modifications to ensure clear communication between families and CACFP facilities about the appropriate meal modifications for the child.

Milk substitutes for children without disabilities

CACFP facilities may choose, but are not required, to offer one or more allowable milk substitutes for children whose special dietary needs do not constitute a disability. The allowable milk substitutes include:

- lactose-free or lactose-reduced milk that meets the appropriate fat content for each age group (i.e., unflavored whole milk for age 1; unflavored low-fat (1%) milk or unflavored fat-free milk for ages 2-5; and unflavored low-fat milk, unflavored fat-free milk, or flavored fat-free milk for ages 6-18); and
- allowable nondairy beverages that meet the USDA nutrition standards for milk substitutes, such as some brands of soy milk.

For children without disabilities, CACFP facilities cannot claim reimbursement for meals that contain any other beverages in place of milk, such as juice, water, or nondairy beverages that do not meet the USDA nutrition standards for fluid milk substitutes. For more information, see the CSDE's handout, *Allowable Milk Substitutes for Children without Disabilities in the CACFP*.

Milk substitutes for children without disabilities do not require a medical statement. The parent or guardian may request an allowable milk substitute in writing. The request must identify the medical or other special dietary need that restricts the child's diet and the requested allowable milk substitute.

Note: This written parental request is only allowed for milk substitutes for children without disabilities.

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Resources

Accommodating Special Diets in CACFP Child Care Programs (CSDE):

<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/NPGspdiet.pdf>

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

<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/CACFPmilksub.pdf>

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

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

CSDE Operational Memorandum No. 3A-16, 4C-16 and 3H-16: Statements Supporting Accommodations for Participants with Disabilities in the Child Nutrition Programs:

http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Memos/OM2016/OM03A16_4C16_04H16.pdf

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

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

Medical Statement for Meal Modifications in CACFP Child Care Programs (CSDE):

<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/MedicalCACFP.pdf>

Requirements for Meal Modifications in CACFP Child Care Programs (CSDE Presentation):

<https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/CACFPSpecialDietsPresentation.pdf>

Special Diets in CACFP Child Care Programs (CSDE webpage):

<http://portal.ct.gov/SDE/Nutrition/Special-Diets-in-CACFP-Child-Care-Programs>

Summary of Requirements for Accommodating Special Diets in CACFP Child Care Programs (CSDE):

<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/spdietchartcacfp.pdf>

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

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

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Instructions for Completing the Medical Statement Form

Please print all information and submit the completed *Medical Statement for Meal Modifications in CACFP Child Care Programs* form to the child's CACFP child care center or family day care home. The parent or guardian completes and signs section A. The child's recognized medical authority completes and signs section B. Any changes require the submission of a new medical statement signed by the child's recognized medical authority.

Section A – Completed by parent or guardian

1. **Name of child:** Print the child's name.
2. **Birth date:** Print the child's birth date (month, day, and year).
3. **Name of parent or guardian:** Print the name of the child's parent or guardian who is completing the child's medical statement.
4. **Phone number (with area code):** Print the telephone number of the parent or guardian, including area code.
5. **E-mail address:** Print the e-mail address of the parent or guardian.
6. **Address:** Print the address of the parent or guardian, including street, city, state, and zip code.
7. **Authorization for Health Insurance Portability and Accountability Act (HIPPA) and Family Educational Rights and Privacy Act (FERPA):** Print the *name of the recognized medical authority* who will be allowed to release the child's health information for the specific purpose of special diet information. Print the *name of the CACFP child care center or family day care home* that will receive the child's health information.
8. **Signature of parent or guardian:** Signature of the parent or guardian who is completing the child's medical statement.
9. **Date:** Print the date the parent or guardian signs the form.

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Section B – Completed by child’s recognized medical authority

This section must be completed and signed by the child’s physician, physician assistant, doctor of osteopathy, or APRN.

10. **Physical or mental impairment:** Check () the appropriate box to indicate if the child has a physical or mental impairment that restricts the child’s diet. If “Yes,” describe how the child’s physical or mental impairment restricts the child’s diet. See pages 2-4 of this document for the definition of “physical or mental impairment” and what constitutes a disability.
11. **Diet plan:** Explain the meal modification for the child. Provide detailed information to ensure proper implementation. For food allergies, this means identifying the foods to be omitted and recommending alternatives. For other medical conditions, more information may be required. For example, if the child requires caloric modifications or the substitution of a liquid nutritive formula to accommodate a disability, the statement must include this information. Attach a specific diet plan, if needed.
12. **Food omissions and substitutions:** Provide specific information on what foods must be omitted from the child’s diet and what foods are appropriate alternatives for substitutions.
13. **Food texture:** Check () the appropriate box and list any foods that require a change in texture, e.g., cut up or chopped into bite-size pieces, finely ground, or pureed. Indicate “all” if all foods should be prepared in this manner.
14. **Equipment:** List any special equipment or utensils needed to assist the child with dining, e.g., sippy cup, large handled spoon, and wheel-chair accessible furniture.
15. **Additional information:** Indicate any other information about the child’s eating or feeding patterns that will assist in providing the requested meal modification.
16. **Name of recognized medical authority:** Print the name of the recognized medical authority.
17. **Phone number (with area code):** Print the office telephone number of the recognized medical authority, including area code.
18. **Signature of recognized medical authority:** Signature of the recognized medical authority requesting the meal modification.
19. **Date:** Print the date the recognized medical authority signs the form.
20. **Office stamp:** Stamp the form with the recognized medical authority’s office stamp.

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For more information, visit the CSDE's [Special Diets in CACFP Child Care Programs](#) webpage or contact the [CACFP staff](#) in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

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

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- (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.

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