



Accommodating Children with Special Dietary Needs CSSD11 Food & Nutrition Services

This information may be found at: http://www.d11.org/fns/food_allergy.htm

Please note: This FNS Department Procedure is based on the USDA's "Accommodating Children with Special Dietary Needs in the School Nutrition Programs – Guidance for School Food Service Staff" Fall 2001 document.

Children with Disabilities

USDA regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets whenever program meals are offered to the general populations served. This is to ensure that no child shall be subjected to discrimination by being excluded from participation in or denied benefit of any program or activity receiving Federal financial assistance.

According to the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act of 1990*, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. Major life activities covered by this definition include caring for one's own self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. This includes children with "severe" food allergies and "temporary" disabilities.

Substitutions or modifications for children with disabilities must be based on a prescription written by a licensed physician. When only modifications in the texture (e.g., chopped, ground, or pureed) of foods is necessary, a physician's written instruction is recommended but not required. The physician's statement must identify:

- The child's disability.
- 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 must be substituted.

Families of children with disabilities who require changes to the basic meal (such as special supplements or substitutions) must provide documentation

with accompanying instructions from a licensed physician. This is required to ensure that the modified meal is reimbursable and any meal modifications meet nutrition standards which are medically appropriate for the child. Under no circumstances should a school food service staff member revise or change a diet prescription or medical order.

Schools cannot segregate children with disabilities based on the convenience of the school or other children. Children with disabilities may only be fed separately when based on what is appropriate to meet the child's needs and is beneficial to the child being served to be served separately.

The District is not required but may elect to provide meal services to children with disabilities when the meal service is not normally available to the general student body. The exception to this is when it is specified in the child's IEP. When nutrition services are required under a child's IEP, school officials are required to follow the IEP and need to make sure that school food service staff is involved early on in decisions regarding special meals.

Schools may not charge children with disabilities or with certified special dietary needs who require food substitutions or modifications more than they charge other children for program meals or snacks.

Children without Disabilities

District 11 may but is not required to make modifications to meals based on food choices of a family or child regarding a healthful diet or children who have food intolerances or allergies but do not have life-threatening reactions when exposed to the food(s) to which they have a problem.

Requests for substitutions for children without disabilities must be accompanied by a signed medical statement by a recognized medical authority* and must include:

- An identification of the medical or other special dietary condition which restricts the child's diet.
- The food or foods to be omitted from the child's diet.
- The food or choice of foods to be substituted.

***Recognized Medical Authority – Physician, Physician Assistant, Nurse Practitioner¹**

It is **important** that all recommendations for accommodations or changes to existing diet orders be documented in writing to protect the school and minimize misunderstandings. Schools should retain copies of special, non-meal diets on file for reviews. Copies shall be sent to the Food & Nutrition Services Office. Although, diet orders do not need to be renewed on a yearly basis, schools are encouraged to ensure that the diet orders reflect the current dietary needs of the child.

¹ Admin Ref Manual, p. 13.2

CSSD11 EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS

To be completed by the appropriate medical authority (as defined below). **Return to school cafeteria.**

PART A			
Student's Name		Age	
Name of School		Grade Level	Classroom
Does the child have a disability? If Yes, describe the major life activities affected by the disability. Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a <u>licensed physician</u> . (Note: This would be considered a life-threatening allergy.)		Yes	No
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a <u>recognized medical authority</u> (Physician, Physician Assistant, Nurse Practitioner). (Note: This would be considered a non life-threatening allergy.)		Yes	No
PART B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite size pieces: Finely ground: Pureed:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Parent Contact Information (Telephone #'s, etc.)			
<input type="checkbox"/> Please check this box if you would like your student's meal card to be marked for identification.			
Parent's Signature		Date:	
Physician or Medical Authority's Signature		Date:	

Copies: School Office, School Nurse, School Kitchen Manager, (Send original to: Food & Nutrition Services Office)