Florida's Handbook for Managing Special Dietary Needs in School Food Service

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Overview

The school food authority (SFA) for each school and institution that participates in the U.S. Department of Agriculture (USDA) school nutrition programs must comply with the federal requirements for accommodating children with special dietary needs. The USDA school nutrition programs include the:

- National School Lunch Program (NSLP);
- School Breakfast Program (SBP);
- Afterschool Snack Program (ASSP) of the NSLP;
- Special Milk Program (SMP);
- Fresh Fruit and Vegetable Program (FFVP); and
- Child Care Food Program (CCFP) At-risk Supper Program implemented in schools.

This guide summarizes the federal laws and USDA policies that determine these requirements along with best practices and further information from the Florida Department of Agriculture and Consumer Services (FDACS). It includes recent USDA guidance that updates the requirements for meal modifications in the NSLP, SBP, ASP, SMP, FFVP, and CCFP At-risk Supper Program, as indicated in:

- USDA Memo SP 26-2017: Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As); and
- USDA Memo SP 59-2016: Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs.

Due to the complicated nature of some issues regarding feeding children with special dietary needs, SFAs are encouraged to contact FDACS for assistance with any questions or concerns.

Dietary Guidelines for Americans

The Dietary Guidelines for Americans provides advice on what to eat and drink to meet nutrient needs, promote health, and prevent disease. It is developed and written for a professional audience, including policymakers, healthcare providers, nutrition educators, and Federal nutrition program operators. The U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS) work together to update and release the Dietary Guidelines for Americans (Dietary Guidelines) every five years. Each edition of the Dietary Guidelines reflects the current body of nutrition science. The Dietary Guidelines for Americans, 2020-2025 is the current edition.

The Dietary Guidelines provides a customizable framework for healthy eating that can be tailored and adapted to meet personal, cultural, and traditional preferences. People who work in Federal agencies, public health, healthcare, education, and business all rely on the Dietary Guidelines when providing information on diet and health to the general public. The Dietary Guidelines are used by these professionals to:

- Form the basis of Federal nutrition policy and programs
- Support nutrition education efforts
- Guide local, state, and national health promotion and disease prevention initiatives
- Inform various organizations and industries

Menu Planning & Meal Service

The Healthy, Hunger-Free Kids Act of 2010 made the first major changes to school meals in 15 years with the intention of raising a healthier generation of students.

The current meal standards align school meals with the latest nutrition science and MyPlate recommendations to ensure students are offered daily servings of fruits, vegetables, and fat-free and low-fat (1%) milk, as well as more whole grains to meet weekly requirements.

School meals must meet limits on calories, saturated fat, and sodium. Meals must also be free of added trans-fat.

Some students might need "help" in meeting their special meal accommodation that meets their specific physical needs - with this sometimes being within the meal pattern and sometimes outside the meal pattern. This guide is intended to assist food service professionals and vendors of prepared school meals in meeting the nutritional needs of each student enrolled in a participating National School Lunch Program school or sponsoring organization. Please note that this guide is a comprehensive resource but not all situations or scenarios can be considered and included. Please work internally within your organization to plan meal accommodations to the fullest extent possible and contact the state agency for any additional questions or assistance.

Nondiscrimination Legislation

Federal nondiscrimination laws and regulations contain provisions that require schools and institutions to make reasonable meal modifications on a case-by-case basis for children whose disability/limitation restricts their diet. These laws include:

Americans with Disabilities Act (ADA) and the ADA Amendments Act (ADAAA)

The Americans with Disabilities Act (ADA) prohibits discrimination against any individual with a disability and extends the Section 504 requirements into the private sector. The ADA contains a definition of "individual with a disability" that is almost identical to the Section 504 definition. The ADA also provides a definition of what "substantially limits" (42 U.S.C. § 12101 et seq.; 29 C.F.R. § 1630 et seq.) entails.

The Americans with Disabilities Act Amendments Act (ADAAA) made significant changes to the ADA's definition of disability by broadening what qualifies as a "disability" and limiting consideration of the corrective effects of alleviating measures (i.e., medication or learned behavioral modifications). The ADAAA also overturned a series of U.S. Supreme Court decisions that interpreted the Americans with Disabilities Act in a way that made it difficult to prove that impairments were a disability. These amendments to the ADA make it easier for a person with severe food allergies to qualify for protection under the ADA.

Individuals with Disabilities Education Act (IDEA)

School districts are required to provide special education and related services to students who are covered by the Individuals with Disabilities Education Act (IDEA). IDEA is different from the ADA and Section 504, because it relates to the accommodations a school must make in the individualized education and curriculum of a student with a disability, not just the ability of the student to attend school classes and activities with other students. A qualifying disability under Part B of IDEA is different than the term disability under Section 504. Under IDEA, a student with a disability means: 1) the student was evaluated in accordance with IDEA, 2) has one or more of the recognized thirteen disability categories, and 3) because of the qualifying disability requires special education and related services. The disability categories include, autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, intellectual disability (mental retardation), orthopedic impairment, specific learning disability, speech or language impairment, traumatic brain injury, visual impairment including blindness, and developmental delay (3- to 8-year-old children only).

When a student qualifies for special education and related services (which could be nutrition) under IDEA, schools must develop an Individualized Education Program (IEP) for the student. An IEP is a written plan for a student with a disability that that is developed, reviewed, and revised in accordance with IDEA and the U.S. Dept. of Education's implementing regulations. Typically, students with food allergies are accommodated through an Emergency Action Plan (EAP), an Individual Health Care Plan (IHCP) and/or Section 504 Plan and not an IEP. However, food allergies may contribute to a health impairment qualifying as a disability under IDEA or some students may qualify under IDEA for services and have a food allergy, so it is important to note that in some unique circumstances, IDEA may be applicable in addition to Section 504 and the ADA.

IDEA Considerations

A child with special dietary needs may be eligible for special education through IDEA (as a related service) under the category of "other health impaired" (OHI), where the special dietary needs or other health concerns are the primary reasons, the child qualifies for services under IDEA. For example, if the dietary needs interfere with the child's ability to benefit from instruction, a plan to address the child's special dietary needs is a related service included in the IEP. The SFA must make the meal modifications indicated in the IEP. If the child is eligible under the OHI category, a case conference committee (CCC) will need to address the effects of the child's medical condition on educational performance. The CCC must also address the special dietary needs as a related service enabling the child to benefit from the educational program. A child identified as having a disability and receiving services under IDEA will have an IEP.

It is important when nutrition is included in an IEP for children with special dietary needs. The IEP should contain goals and objectives directly related to the child's dietary needs, such as feeding goals. The modifications and accommodations page of the IEP document should indicate any meal modifications for the child. Nutrition services that are necessary to enable the child to benefit from instruction must be written as a related service for the child.

If the dietary needs interfere with the child's ability to benefit from instruction, a plan to address the child's special dietary needs is a related service included in the IEP. The SFA must make the meal modifications indicated in the IEP. However, if the special dietary issues do not affect the child's education, an Individualized Health Care Plan (IHCP) may be all that is necessary.

Scenario	Are Special Foods Required?
Child has disability but no IEP A medical statement for a child with a disability requires six cans of a nutrition supplement during the school day, including two cans at breakfast, one can as a mid- morning snack, two cans at lunch, and one can as a mid-afternoon snack. The child does not have an IEP. Is the SFA required to provide and pay for all six servings?	**No.** The general guideline in making accommodations is that children with disabilities must be able to participate in and receive the same benefits as the children without disabilities. The SFA must provide and pay for the nutrition supplements at breakfast and lunch as part of the reimbursable meal. For example, if the school participates in the SBP and the NSLP, the SFA is responsible for purchasing and serving the required nutrition supplements as part of the child's reimbursable meal at breakfast (two cans) and lunch (two cans). However, the SFA is not required to provide the supplements for the child's snacks (one can in the mid-morning and one can in the mid-afternoon) because they are outside of the USDA reimbursable meal service.
Child has disability and IEP A medical statement for a child with diabetes requires a special mid-morning and mid-afternoon shake to help stabilize blood sugars. The child has an IEP that specifies this accommodation. Is the SFA required to provide and pay for these mid-morning and mid- afternoon shakes?	**Yes.** Since the child has an IEP, the LEA must make the specified accommodations at no cost to the family, as part of school meals and outside of school meals. The SFA is required to provide and pay for the between meal supplements as part of the regular reimbursable meal service. If the special nutrition supplement is required at times outside of the USDA reimbursable meal program, the cost may be charged to the SFA. While this is an allowable cost to the school food service program, there may be alternate funding sources that can cover the cost.

USDA Nondiscrimination Regulations

The USDA nondiscrimination regulations (CFR) and regulations for school nutrition programs CFR) require that SFAs make reasonable modifications on a case-by-case basis for 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. 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.

Meal modifications must be related to the disability or limitations caused by the disability and require a medical statement from a state-licensed healthcare professional who is authorized to write medical prescriptions under state law. A recognized medical authority is defined as anyone with prescriptive authority in the state of Florida, such as 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.

For schools participating in a federally funded student nutrition program, USDA regulations 7 CFR 210 require substitutions or modifications in school meals for students whose disabilities restrict their diets. A student with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed health care provider. The physician's statement must identify:

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

Section 504 of the Rehabilitation Act of 1973

Section 504 prohibits all programs and activities receiving federal financial assistance from discriminating against children with disabilities, as defined in the law. The USDA regulations for school nutrition programs (7 CFR 210.10(m)) require reasonable meal modifications for children whose disability restricts their diet, based on a written medical statement signed by a recognized medical authority. Requests for a reasonable meal modification must be related to a child's disabling condition.

If qualified for a 504 Plan, a student is entitled to receive a free, appropriate public education (FAPE), including related services. These services should occur within the student's usual school setting with as little disruption as possible to the school's and student's routines. It should be done in a way that ensures that the student with a disability is educated and able to participate in school activities to the maximum extent possible with the student's non-disabled peers. Schools must develop a plan to accommodate students who qualify under Section 504, therefore known as a "504 Plan". The FAPE standard is generally satisfied by following The U.S. Department of Education's implementing regulations for the Individuals with Disabilities Education Act (IDEA), which refer to "handicapped" persons.

Office for Civil Rights Letters

The Office for Civil Rights (OCR) promotes and ensures that people have equal access to and opportunity to participate in certain federally funded programs without facing unlawful discrimination. Two of OCR's legal authorities include Section 504 and Title II of the ADA. At times, OCR provides letters, which can be used by school districts for guidance. These letters, however, are not published, but may be available where they have been submitted for publication in a private service or posted on an Internet site.

Under Section 504 of the Rehabilitation Act and the ADA, a "person with a disability" means any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities
2. Has a record of such an impairment
3. Is regarded as having such an impairment. Within the school setting, it is rare to have a child qualify for services under parts 2 and 3 of the definition.

The final rule (28 CFR Parts 35 and 36) for the ADA Amendments Act includes examples of diseases and conditions that may qualify an individual for protection under Section 504 or the ADA. This list is not all- inclusive but includes:

- Orthopedic, visual, speech, and hearing impairments
- Cerebral palsy
- Epilepsy
- Muscular dystrophy
- Cancer
- Heart disease
- Diabetes
- Intellectual disability,
- Emotional illness,
- Attention Deficit Hyperactivity Disorder (ADHD),
- Human Immunodeficiency Virus (HIV) infection (whether symptomatic or asymptomatic)
- Drug addiction and/or alcoholism

  - **Note:** An individual who is currently engaging in the illegal use of drugs, when a school district 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.

The final rule for the ADA Amendments Act defines "major life activities" as including, but not being limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working. "Major life activities" also include the operation of a major bodily function including, but not limited to, functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

The ADA Amendments Act specifically prohibits an "alleviating 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 may still qualify for protection because the alleviating measures (insulin) cannot be considered in determining qualification. However, the Section 504 team may use alleviating measures to determine the accommodations needed for the child.

Section 504 Considerations

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.

Multidisciplinary Team Involvement

The 504 Coordinator must bring together a team that includes a variety of school staff. The team may include, but is not limited to:

- Administrative representative(s)
- Coaches and physical education teachers
- Custodial staff
- Food service director/staff
- Parent/Guardian of student
- School counselor/Social worker/Guidance counselor(s)
- School health professional
- Teachers
- Transportation staff
- Other learning support staff and aides, based on the student's curriculum and activities

The Section 504 Team determines whether the disability affects the child's diet, and therefore requires a meal modification. This group represents each of the teaching, administrative, and school personnel staff who participate equally in the decision-making process to:

1) Determine the specific educational needs of a child eligible for special education; and
2) Develop an IEP 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.

Developing 504 Plan

When a school receives notice that a student has a disability or impairment, it must perform an investigation by gathering certain documents, information, and medications from the parent/guardian of the student to develop and implement the 504 Plan or the IHCP. The school should look into information such as:

- Emergency Action Plan (EAP)
- Medical Statement Form
- Parent or guardian's signed consent to share information with other school staff.
- A minimum of one up-to-date epinephrine auto-injector. However, two or more epinephrine auto- injectors could be suggested based on the student's activities and movement/travel throughout the school day.
- All other necessary medications for the student during the school day, such as antihistamines and asthma medications

- Description of the student's past reactions, including triggers and warning signs for allergies.
- Age-appropriate ways to include the student in planning for care/implementing the plan.
- IEPs
- Special Education Reports

*Note that additional information may be required

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 SFA must make the modifications specified by the recognized medical authority in the child's Section 504 plan. 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. Accommodations to address the child's dietary needs should be written into a Section 504 plan. A separate Individualized Health Care Plan (IHCP) may be written for the child. In some situations, the IHCP is the child's Section 504 plan.

If the Section 504 meeting determines that the child does not have a disability, the SFA could choose to accommodate the child, but would not be legally obligated to do so.

For children with special dietary needs, the IEP may contain goals and objectives directly related to the child's dietary needs, such as feeding goals. In the related service area, the IEP may indicate what school health services the child needs when the special dietary needs are considered. In addition, the modifications and accommodations page of the IEP document should indicate any meal modifications for the child. Services that are necessary to enable the child to benefit from instruction must be written as a related service for the child.

If the dietary needs interfere with the child's ability to benefit from instruction, a plan to address the child's special dietary needs is a related service included in the IEP. The SFA must make the meal modifications indicated in the IEP.

If a child is not eligible for special education nor qualifies under Section 504, school nurses may choose to write an IHCP to address the child's nutrition needs.

Requirements for Meal Modifications

The USDA regulations for school nutrition programs require that all meals served to children must comply with the meal patterns and dietary specifications (nutrition standards). SFAs are encouraged to follow the meal pattern to the greatest extent possible. However, food substitutions and other reasonable modifications to the meal patterns may be necessary to meet the dietary needs of children who:

- Qualify as having a disability under any of the federal nondiscrimination laws;
- Are eligible for special education under IDEA; or
- Do not qualify as having a disability under any of the federal nondiscrimination laws but have other special dietary needs.

Examples of possible modifications include food restrictions, substitutions, texture changes (pureed, ground, chopped, or thickened liquids), increased or decreased calories, and tube feedings. Modifications to the meal service may also involve ensuring facilities and personnel are adequate to provide necessary services.

In certain situations, disability accommodations may require additional equipment, separate or designated storage or preparation areas, surfaces, or utensils, and specific staff training and expertise. For example, some children may require the physical assistance of a food service aide to consume their meal, while other children may need assistance tracking their dietary intake, such as carbohydrate intake for children with diabetes.

Children without Disabilities

The USDA regulations for school nutrition programs (7 CFR 210.10(m)) allow, but do not require, meal modifications 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. SFAs may choose to make these accommodations. If an SFA elects to make substitutions for one student, the same accommodation should be made for all students with that religious or lifestyle choice. For example, the school decides to modify the meal for religious purposes for those individuals that cannot eat meat on Friday, while still meeting the meal pattern. All students due to a religious reason who cannot eat meat on Friday should be provided this accommodation within the meal pattern.

If implementing this option, the accommodation must fit within the meal pattern and no documentation is required for meal components, except for milk. For example, if implementing this option for milk, students can be given a milk substitute that is nutritionally equivalent to cow's milk with a written request from the parent/guardian. A written request from the parent or guardian is not required for any other meal pattern component. If implementing offer versus serve, students can decline certain food components/items due to religious or moral convictions, general health concerns, and personal food preferences. For example, if implementing offer versus serve, SFAs can have the students decline the milk due to religious or lifestyle choice.

For meal pattern information, please visit the FDACS Meal Pattern webpage.

Best Practice Spotlight

While schools are not required to accommodate for religious and lifestyle choices, schools can menu plan and make the menu options available to everyone to help accommodate lifestyle and religious choices. For example, a school could have fish on Fridays or a fish option on Friday and make that available to everyone.

Children Eligible for Free and Reduced-Price Meals

The USDA requirements for meal modifications apply to all children regardless of their eligibility for paid, free, or reduced-price meals. The requirements for meal modifications are based on whether a child is determined to have a disability that restricts their diet, not whether the child is eligible for free or reduced- price meals.

Required Documentation for Meal Modifications

For children with disabilities, modified meals that do not meet the meal patterns require a written medical statement signed by a health care provider with prescriptive authority. The medical statement must include:

- Information about the child's physical or mental impairment that is sufficient to allow the SFA to understand how it restricts the child's diet;
- An explanation of what must be done to accommodate the child's disability; and
- The food or foods to be omitted and recommended alternatives.

The USDA does not require a medical statement for children with disabilities if the modified meals meet the meal patterns, such as meals modified only for texture. However, FDACS recommends obtaining a medical statement to ensure clear communication about the appropriate meal modifications for the child between parents or guardians, medical professionals, and applicable school staff. If an SFA would like to have a medical statement, they may ask the household to provide this documentation but cannot delay implementation of the requested substitution. The SFA must accommodate the student as soon as possible.

Medical statements should provide sufficient information to allow SFAs to provide meals that are appropriate and safe for each child and that comply with the USDA requirements. When necessary, SFAs should work with the medical professionals and/or child's parent or guardian to obtain the required information.

However, SFAs cannot deny or delay a requested meal modification because the medical statement does not provide sufficient information. If the medical form does not fully explain the necessary modification, immediately contact the child's parent or guardian for guidance. For example, if the medical statement does not provide recommended alternatives, the school still must serve the child a requested meal. Also, an SFA cannot delay implementation until it receives the medical statement and must accommodate the student as soon as possible. If a medical statement is not immediately provided, the SFA must document the initial interaction with the household and should document all attempts to contact the household regarding obtaining a medical statement.

For a standard Parent Letter and Medical Statement Form, visit FDACS' Special Dietary Needs webpage.

Procedures for Meal Modifications

The process of providing modified meals for children with disabilities should be as inclusive as possible. It is essential that school food service personnel work together with the child's parent or guardian to ensure the child receives a safe meal and has an equal opportunity to participate in the school nutrition programs. The USDA strongly encourages SFAs to utilize their Section 504 team to discuss best practices and develop a more holistic plan to create a safe learning environment for all children.

Using a team approach ensures information is shared consistently throughout the school environment and will help to protect children in situations where food is served outside of the cafeteria. Additionally, involving parents and guardians early in the process allows school employees to develop a rapport with the family, which prevents any miscommunication or misunderstanding about their child's needs.

Communicating with Families

USDA regulations 7 CFR 15b.7 (a) require SFAs to notify families of the process for requesting meal modifications and the individual responsible for coordinating modifications. Methods of initial and continuing notification may include:

- Posting of notices,
- Placement of notices in relevant publications, such as newsletters, and
- Other visual and auditory media.

As part of this notification, SFAs should explain when parents and guardians need to submit supporting documentation for their child's modification request and who receives the forms. A medical statement is required for SFAs to receive reimbursement for meal modifications that do not follow the USDA meal patterns.

The best practice is for all students with food allergies to have an Emergency Action Plan (EAP) in place. Regardless of whether the student has an IHCP, 504 Plan, or both, schools can provide invaluable resources to students with food allergies and their families by helping students feel accepted within the school community. They can teach students to:

- Keep themselves safe.
- Ask for help and learn how to trust others.
- Develop healthy and strong friendships.
- Acquire social skills.
- Accept more responsibility.
- Improve their self-esteem.
- Increase their self-confidence.

Make sure to have patience with parents working with special dietary needs for the first time and when a child first begins school. What had worked so well in their own home is now being entrusted to unfamiliar people.

Best Practice Spotlight

Concerned about a specific student's diet? Send a menu home for parents to circle options they know the student can have.

Declining a Request

If the meal modification request is related to a child's disabling condition, it is almost never appropriate for the SFA to decline, or say "no", to a meal modification request.

The exception is a modification request that would fundamentally alter the nature of the USDA school nutrition programs. This is extremely rare. SFAs should contact FDACS for assistance with any concerns that a requested modification would fundamentally alter the nature of the school nutrition programs. Generally, the emphasis should be working with one of customer service and parents or guardians to develop an effective approach for the child.

If the SFA declines a meal modification request, the SFA must ensure that the child's parent or guardian understands their rights under the procedural safeguards process.

Discontinuing a Request

If a child no longer needs a meal modification, it is not required for SFAs to obtain written documentation from a recognized medical authority rescinding the original medical order prior to ending a meal modification. However, FDACS recommends that SFAs maintain documentation when ending a meal accommodation. For example, before ending the modification, the SFA could ask the child's parent or guardian to sign a statement indicating their child no longer needs a meal modification. For a template discontinuation form, visit FDACS' Special Dietary Needs webpage.

Procedural Safeguards

USDA regulations (7 CFR 15b.25) require Local Education Agencies (LEAs) to establish a procedural safeguards process that provides notice and information to parents and guardians regarding how to request a reasonable meal modification and their procedural rights (7 CFR 15b.25) for grievance procedures. These procedures include the right to:

- file a grievance if they believe a violation has occurred regarding the request for a reasonable modification;
- receive a prompt and unbiased resolution of the grievance;
- request and participate in an impartial hearing to resolve their grievances;
- be represented by counsel at the hearing;
- examine the record; and
- receive notice of the final decision and a procedure for review, i.e., right to appeal the hearing's decision.

LEAs must work with school food service personnel to implement procedures for parents or guardians to request meal modifications for children with disabilities and to resolve grievances. LEAs may fulfill this requirement by using existing procedures to address requests to accommodate students with disabilities in the classroom, in compliance with Section 504 or IDEA.

At a minimum, the LEA must notify parents and guardians of the process for requesting meal modifications to accommodate a child's disability and arrange for an impartial hearing process to resolve grievances related to requests for meal modifications based on a disability. The hearing process must include the opportunity for the child's parent or guardian to participate, be represented by counsel, and examine the record. It must also include notice of the final decision and a procedure for review. If a grievance is filed, the individual processing the meal modification request at the LEA should not be the overseer of the grievance process. For example, the food service director has been processing and working on the meal accommodation, but the household decides to file a grievance because they feel their accommodation request has not been met. The food service director should not oversee the grievance process but should be involved and provide the grievance presider the necessary information about the situation, such as any documentation and communication made with the medical professionals and/or household.

LEAs employing at least 15 individuals must ensure their procedural safeguards process provides for a prompt and equitable resolution of grievances and must designate at least one person to coordinate compliance with disability requirements. This individual is the Section 504 Coordinator, as previously mentioned. In many cases, the Section 504 Coordinator is responsible for addressing requests for accommodations in the school in general and may also be responsible for ensuring compliance with disability requirements related to meals and the meal service.

LEAs are not required to have a separate 504 Coordinator who is only responsible for meal modifications. However, school food service personnel should understand the procedures for handling requests for meal modifications and know how to contact the Section 504 Coordinator.

<u>Remember</u>: Requests must be reviewed on a case-by-case basis. Examples of conditions or disabilities that food service see that might require meal modifications include, but are not limited to autism, celiac disease, diabetes, food allergies, food intolerances, such as lactose intolerance and gluten intolerance, and metabolic disorders. These examples of medical conditions are not all-inclusive and may not require meal modifications for all children.

Disability/Physical Impairment Within the Meal Pattern

If there is a medical need, disability, and/or impairment and the meal can be accommodated within the meal pattern (single food allergy, texture modifications, etc.), SFAs are not required to obtain a signed medical statement. If an SFA would like to have a medical statement, they may ask the household to provide this documentation but cannot delay implementation of the meal accommodation. The SFA must accommodate the student as soon as possible. Requests for milk vary slightly. Whenever possible, it is encouraged for SFAs to offer children with disabilities a variety of options over the school week that is like the weekly variety of options offered to children without disabilities.

In certain cases, a child may have a restricted diet that requires the same modified meal each day. However, most children will be able to eat a variety of modified meals over the week. Depending on the child's individual medical condition and the recognized medical authority's instructions, a reasonable modification could be offering:

- The same modified meal that meets the child's specific dietary needs each time the child eats school meals; or
- A cycle menu of modified meals that meet the child's specific dietary needs, based on input from the child's parent or guardian, medical professionals, school nurse, school dietitian, and other appropriate individuals.

Best Practice Spotlight

Utilize a one week cycle menu for specific allergies, such as a one week gluten free menu. Click here to access our sample allergen free cycle menus.

Diabetes

The SFA is responsible for providing a carbohydrate count to the parent or guardian of a child with diabetes for each food item served in one daily reimbursable meal choice. If the daily menu includes multiple meal choices, the SFA is not required to provide carbohydrate counts for each meal possibility. For example, the SFA can create a week's worth of menus for students with diabetes with the carbohydrate counts and rotate that menu each week. Working with the household to see what foods that the student with diabetes typically eats is not required but recommended to create a menu that is pleasing to both the SFA and household/student.

The SFA is also responsible for providing information on the initial weights or measures of the planned food for the chosen meal. However, school 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 school nurse or other designated medical personnel, as established by parents and responsible staff.

The USDA specifies that school food service personnel can never diagnose health conditions, perform nutritional assessment, prescribe nutritional requirements, or interpret, revise, or change a diet order. If school food service personnel 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 school nurse and the child's recognized medical authority or registered dietitian.

The resources below provide guidance on diabetes and carbohydrate counting:

- Carbohydrate Counting (American Diabetes Association): https://diabetes.org/healthy-living/recipes-nutrition/understanding-carbs/carb-counting-and-diabetes
- Carbohydrate Counting & Diabetes (National Institute of Diabetes and Digestive and Kidney Diseases): https://www.niddk.nih.gov/health-information/diabetes/overview/diet-eating-physical- activity/carbohydrate- counting

Living with Diabetes

The most important goal for living with diabetes is to maintain blood glucose levels within a fairly normal range (80-120 mg/dL before meals and 100-140 mg/dL at bedtime). For Insulin-Dependent Diabetes Mellitus (IDDM) or Type 1 Diabetes this will entail the daily monitoring of blood glucose levels. For Non-Insulin-Dependent Diabetes Mellitus (NIDDM) or Type 2 Diabetes spacing out meals into 6 small servings per day with a variety of healthy choices from all the food groups, will help to keep a more consistent blood glucose level. Exercise is also a very important component for controlling Type 2 Diabetes. Monitoring blood glucose levels for someone with Type 2 Diabetes is also required.

Dietary Requirements

A "diabetic diet" is actually not too different from the healthy diet recommendations for all people. More emphasis on monitoring carbohydrate intake on a day-by-day basis is the most significant difference. Children with Type 1 Diabetes need to be offered a balanced diet, with meals taken at about the same intervals each day. This pattern of consistent, healthy, well-balanced meals will provide the optimal environment for proper growth and development for all children, including the students with diabetes. Individuals with both types of diabetes are encouraged to consume complex carbohydrates, consisting of more whole grain products, beans (legumes), fruits and vegetables.

Foods to Avoid

There are no forbidden foods on a diabetic diet. The simple rules of thumb are everything in moderation and avoid too much ingestion of simple sugars. Simple sugars include such items as candy, cakes, cookies, soda, and other foods containing high amounts of processed sugar in the diet as it will cause blood glucose levels to rise rapidly.

Managing Diabetes in a School Food Service Setting

A student with diabetes requires a little more attention from school food service staff than the regular student population. Consider the student with diabetes in meal planning. Some points to consider include:

- Offer a good variety of foods
- Add or replace carbohydrates and other menu items, if necessary
- Replace "sweet desserts" with fruit
- Allow students with diabetes to make their own food choices from the school lunch menu
- Provide parents or guardians with a copy of the school menus in advance so they can help their child make appropriate meal choices
- Provide carbohydrate counts of menu items to parents and students online and/or post in the cafeteria

Information/Resources

- **American Diabetes Association**
  - The American Diabetes Association is the nation's leading nonprofit health organization providing diabetes research, information, and advocacy. The mission of the Association is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.
  - https://diabetes.org/
- **Academy of Nutrition & Dietetics**
  - 120 South Riverside Plaza, Suite 2190, Chicago, Illinois 60606
  - 800/877-1600, ext. 5000
  - www.eatright.org
- **American Heart Association National Center**
  - 7272 Greenville Avenue, Dallas, TX 75231
  - 800-AHA-USA-1 or 800-242-8721
  - www.americanheart.org/
- **American Optometric Association**
  - 243 North Lindbergh Blvd, St. Louis, MO 63141
  - 314-991-4100 Fax: 314-991-4101
  - www.aoanet.org/
- **Diabetes Exercise and Sports Association**
  - P. O. Box 1935 Litchfield Park, AZ 85340
  - 623-535-4593 or 800-898-432
  - www.diabetes-exercise.org/
- **Indian Health Service National Diabetes Program**
  - 5300 Homestead Road NE Albuquerque, NM 87110

- 505-248-4182 Fax: 505-248-4188
- www.ihs.gov/MedicalPrograms/Diabetes/index.asp

- **Juvenile Diabetes Research Foundation International**
  - 120 Wall Street New York, NY 10005-4001
  - 800-533-CURE (2873) or 212-785-9500 Fax: 212-785-9595
  - www.jdf.org
- **FL Department of Agriculture Diabetes Resource**
  - https://www.fdacs.gov/content/download/95491/file/AccommodatingStudentsDiabetes.pdf

Food Allergy

A food allergy is a hypersensitivity from an abnormal response of the body's immune system to food (usually a protein) or food additives that the body would otherwise consider harmless. Under the ADAAA, 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/or skin rash.

The SFA must provide the child with a safe meal and a safe environment to consume the meal. School food service personnel must ensure that modified meals meet each child's prescribed guidelines and are free of ingredients suspected of causing an allergic reaction. The SFA must use proper storage, preparation, and cleaning techniques to prevent exposure to allergens through cross contact. The Section 504 team should develop a strategy or food allergy management plan for the daily management of food allergies for individual children. The SFA can create a week's worth of menus, such as a peanut free menu and rotate that menu each week. Working with the household to see what foods the student typically eats is not required but recommended to create a menu that is pleasing to both the SFA and household/student.

Sometimes, it is advisable to prepare a separate meal from scratch using ingredients allowed on the special diet, rather than serving a meal using processed foods. The general rule in these situations is to always exercise caution. If a food's ingredients are unknown, SFAs cannot serve the food to children who are at risk for allergic reactions.

The resources below provide guidance on food allergies:

- Food Allergy Resources (Institute of Child Nutrition): https://theicn.org/icn-resources-a-z/food- allergies-for-school-nutrition-directors/
- School Tools: Allergy & Asthma Resources for Families, Clinicians and School Nurses (American Academy of Allergy, Asthma & Immunology): https://www.aaaai.org/Tools-for-the-Public/School-Tools/School-Tools-Overview
- Managing Food Allergies in Schools (CDC): https://www.cdc.gov/healthyschools/foodallergies/index.htm

Best Practice Spotlight

Have emergency meal plans! Consider having a backup for students with special dietary needs, such as a pan of food is dropped and thus not servable or if you have a student who needs a dietary change, as they are coming through the line. Having a back up meal plan can help the kitchen stay calm under stress.

Managing Food Allergies in School

Eating in the school cafeteria is often stressful for young students with food allergies. Hidden ingredients, cross contact between foods, and the fear of allergens left on lunch tables are often a cause for concern.

Feeding a child with food allergies can be just as stressful. When you consider the additional challenge of juggling many diet-related conditions among your student body, it's easy to see how your food service staff can become overwhelmed.

The food service staff plays an important role in your food allergy management team, and they should attend all meetings on the topic. The following are some guidelines for key staff members.

Know what to avoid and substitute. Ask the parents of each student with a food allergy to provide a list of all food

ingredients to be avoided. Do not rely on lists of "safe" prepackaged food because ingredients can change often and without warning, making such lists out-of-date quickly.

Read labels. Develop a system for checking ingredient labels carefully for every food item to be served to the student with the allergy. One student who was allergic to legumes (such as beans, soy, and peanuts) had an allergic reaction after eating cheese pizza she had purchased in the school cafeteria. The reaction was caused by dried navy beans, which the manufacturer had added to the crust to increase the protein to meet nutritional standards. Although beans were listed on the ingredient label, nobody expected them to be used in this type of food product.

Prepare the kitchen. Designate an area in the kitchen where allergy-free meals can be prepared. This area should be a "safe zone" and kept free of ingredients allergic students should avoid.

Identify the student. When working with younger children, consider how students with food allergies will be identified when moving through the cafeteria line so that someone can ensure the selected food is safe. Some schools require that these students identify themselves to food service staff, others specially code lunch tickets as a way of alerting staff to a food allergy. One school identified a student with an allergy by taping his picture to the cash register.

Develop cleaning procedures. Designate a person to be responsible for ensuring that lunch tables and surrounding areas are thoroughly cleaned before and after lunch. Use a designated sponge or cleaning cloth for the allergy-free tables to avoid cross contact.

Finally, it's the school's responsibility to serve the food; it is the parents' responsibility to teach you what their child can or cannot eat. Don't hesitate to ask questions. Success is achieved by working in partnership with the child's parents and the student who has food allergies.

Information/Resources

- School Guidelines for Managing Students with Food Allergies
  - www.foodallergy.org/school/SchoolGuidelines.pdf
- Food Allergy and Anaphylaxis Network
  - www.foodallergy.org/school.html
- Food Allergy, An Overview
  - www.niaid.nih.gov/publications/pdf/foodallergy.pdf
- American Academy of Allergy, Asthma, and Immunology
  - 611 East Wells Street Milwaukee, WI 53202
  - Phone: 414-272-6071
  - Patient Information and Physician Referral Line: 1-800-822-2762
  - For all general questions, e-mail: info@aaaai.org
  - Web: www.aaaai.org

Major Food Allergens

Food allergies and other types of food hypersensitivities affect millions of Americans and their families. Food allergies occur when the body's immune system reacts to certain proteins in food. Food allergic reactions vary in severity from mild symptoms involving hives and lip swelling to severe, life-threatening symptoms, often called anaphylaxis, that may involve fatal respiratory problems and shock. While promising prevention and therapeutic strategies are being developed, food allergies currently cannot be cured. Early recognition and learning how to manage food allergies, including which foods to avoid, are important measures to prevent serious health consequences.

Congress passed the Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA). This law identified eight foods as major food allergens: milk, eggs, fish, Crustacean shellfish, tree nuts, peanuts, wheat, and soybeans. Eight foods are identified as major food allergens. Under the Food Allergy Safety, Treatment, Education, and Research (FASTER) Act of 2021, sesame is being added as the 9th major food allergen effective January 1, 2023.

1. Eggs
2. Fish
3. Milk
4. Peanuts
5. Tree Nuts
6. Sesame
7. Shellfish
8. Soybeans
9. Wheat

Lactose Intolerance

A food intolerance is an adverse food-induced reaction, such as lactose intolerance, that does not involve the body's immune system. Under the ADAAA a food intolerance may be considered a disability if it substantially limits digestion, a bodily function that is a major life activity. For example, a child whose digestion is impaired by either lactose or gluten intolerance may be a person with a disability, regardless of whether consuming milk or gluten-containing foods causes the child severe distress.

If there is a medical need, disability, and/or impairment, such as lactose intolerance, and a complete meal can be accommodated within the meal pattern, such as providing a milk substitute nutritionally equivalent to cow's milk, SFAs are not required to obtain a medical statement signed by a health care provider with prescriptive authority. A written request from a parent/guardian would be acceptable. If a written request is not immediately provided, the SFA must document the initial interaction with the household and should document all attempts to contact the household regarding obtaining a written request. For lactose intolerance, if an SFA would like to have a medical statement, they may ask the household to provide this documentation but cannot delay implementation of the requested substitution. The SFA must accommodate the student as soon as possible. See the section titled Milk on page 20 for more information. SFAs must review each child's situation on a case-by- case basis.

The resources below provide guidance on food intolerances:

- Food Intolerance vs Food Allergy (American Academy of Allergy, Asthma, & Immunology): https://www.aaaai.org/conditions-and-treatments/library/allergy-library/food-intolerance
- Food Problems: Is it an Allergy or Intolerance? (Cleveland Clinic): https://my.clevelandclinic.org/health/diseases/10009-food-problems-is-it-an-allergy-or-intolerance

Living with Lactose Intolerance

The body does not require lactose to be healthy. Lactose intolerance may result in discomfort, however generally it is not life threatening. An exception may be an infant suffering from diarrhea due to lactose intolerance. The diarrhea may result in dehydration which can lead to other complications.

Dietary Requirements

Managing lactose intolerance will require some dietary changes. However, removing all dairy products from the diet is usually not necessary. Lactose intolerance is very individualized; most people can still consume a limited amount of milk and other dairy products. Eliminating dairy products from the diet and then slowly reintroducing small amounts while monitoring for symptoms will help determine lactose sensitivity.

For people who need to eliminate all dairy products it is important to find other good sources of calcium, riboflavin, and vitamin D. Adequate calcium intake is especially important for proper bone development. A diet void of lactose can be difficult because lactose is found not only in dairy products but also as an ingredient in nondairy foods such as bread, cereals, breakfast drinks, salad dressing, and cake mixes. Reading food ingredient labels is important for someone following a strict lactose-free diet. Foods containing milk, milk solids, whey, and casein should be avoided. It is also important to check the ingredients of medications and vitamins because many contain lactose as filler.

Managing Lactose Intolerance in a School Food Service Setting

Lactose intolerance is not considered a disability but rather a medical or special dietary need. Schools may substitute non- dairy beverages nutritionally equivalent to dairy milk for students who cannot consume dairy milk because of a medical or other special dietary need. Substitution for nondisabled students is optional. Memo CN# 33-11 lists allowable varieties of milk that may be substituted including, but not limited to, fat-free or low-fat lactose reduced milk and fat-free or low-fat lactose-free milk. For the substitution to be considered part of a reimbursable meal, the LEA must receive a written statement from a medical authority or the student's parent or legal guardian that identifies the medical or other special dietary need. The LEA reserves the right to limit the available substitutions.

Although lactose free products may be more expensive, the school is not allowed to charge the student any more than the current price of the regular breakfast or lunch. Any expenses not covered by program reimbursements must be paid by the school district.

SFAs are required to make meal substitutions for children with a disability that restricts his or her diet when supported by a written medical statement from a recognized medical authority; in Florida this includes Licensed Physicians (MD, DO), Advanced Registered Nurse Practitioners (ARNP) and Physician's Assistants (PA).

- The medical statement should include a description of the child's physical or mental impairment that is sufficient to allow the SFA to understand how it restricts the child's diet. It should also include an explanation of what must be done to accommodate the disability. In the case of food allergies, this means identifying the food or foods to be omitted and recommending alternatives. In other cases, more information may be required.
- The American with Disabilities Act Amendments Act of 2008, P.L. 110-235 (ADA Amendments Act) clarified that Congress intends the term disability to be broad and inclusive, and the question of whether a child has a disability should no longer require extensive analysis. After the passage of the ADA Amendments Act, most physical and mental impairments will constitute a disability. For example, digestion is an example of a bodily function that is a major life activity. A child whose digestion is impaired by lactose intolerance may be a person with a disability regardless of whether or not consuming milk causes the child severe distress.

FDACS Reviewed Fluid Milk Substitutions

Product	Protein	Calcium	Vitamin A	Vitamin D	Magnesium	Phosphorus	Potassium	Riboflavin	Vitamin B12
USDA Criteria Per Cup	8 g	276 mg	500 IU	100 IU	24 mg	222 mg	349 mg	0.44 mg	1.1 mcg
Minimum Amount Allowable	% N/A	24.6%	10%	25%	6%	22.2%	9.7%	25.9%	18.3%
8th Continent Soy Milk									
8th Continent Original	8g	300 mg	500 IU = 150 mcg	100 IU = 2.5 mcg	24 mg	250 mg	360 mg	0.51 mg	1.2 mcg
8th Continent Vanilla	8g	300 mg	500 IU = 150 mcg	100 IU = 2.5 mcg	24 mg	250 mg	360 mg	0.51 mg	1.2 mcg
Great Value (Walmart)									
Original Soymilk	8g	300 mg	500 IU = 150 mcg	120 IU = 3.0 mcg	40 mg	250 mg	390 mg	0.51 mg	3 mcg
Kirkland Signature Soy Milk (Costco)									
Original Soymilk Plain	8g	390 mg	500 IU = 150 mcg	120 IU = 3.0 mcg	42 mg	250 mg	360 mg	0.44 mg	1.2 mcg
Silk Soy Milk (Single Serve)									
Chocolate Soymilk	8g	470 mg	500 IU = 150 mcg	120 IU = 3.0 mcg	65 mg	230 mg	450 mg	0.44 mg	1.2 mcg
Vanilla Soymilk	8g	470 mg	500 IU = 150 mcg	120 IU = 3.0 mcg	55 mg	230 mg	370 mg	0.44 mg	1.2 mcg
Sunrich Naturals									
Sunrich Naturals Plain	8g	300 mg	500 IU = 150 mcg	100 IU = 2.5 mcg	40 mg	250 mg	360 mg	0.44 mg	3 mcg
Sunrich Naturals Vanilla	8g	300 mg	500 IU = 150 mcg	100 IU = 2.5 mcg	40 mg	250 mg	360 mg	0.44 mg	3 mcg
Westbrae Natural Westsoy									
Organic Plus	8g	300 mg	1000 IU = 300 mcg	100 IU = 2.5 mcg	65 mg	250 mg	440 mg	0.51 mg	3 mcg
Organic Plus Vanilla	8g	300 mg	1000 IU = 300 mcg	100 IU = 2.5 mcg	65 mg	250 mg	440 mg	0.51 mg	3 mcg
Ripple Dairy-Free Milk (Pea Protein, Single Serve)									
Original	8g	440 mg	500 IU = 150 mcg	240 IU = 6 mcg	24 mg	491 mg	375 mg	0.44 mg	1.1 mcg
Vanilla	8g	440 mg	500 IU = 150 mcg	240 IU = 6 mcg	24 mg	496 mg	375 mg	0.44 mg	1.1 mcg
Chocolate	8g	440 mg	500 IU = 150 mcg	240 IU = 6 mcg	30 mg	500 mg	470 mg	0.44 mg	1.1 mcg
Pearl Organic Soymilk Smart									
Original	8g	300 mg	500 IU = 150 mcg	100 IU = 2.5 mcg	25 mg	230 mg	350 mg	0.5 mg	1.1 mcg
Unsweetened	8g	300 mg	500 IU = 150 mcg	100 IU = 2.5 mcg	25 mg	230 mg	350 mg	0.5 mg	1.1 mcg
Creamy Vanilla	8g	300 mg	500 IU = 150 mcg	100 IU = 2.5 mcg	25 mg	230 mg	350 mg	0.5 mg	1.1 mcg
Chocolate	8g	300 mg	500 IU = 150 mcg	100 IU = 2.5 mcg	25 mg	230 mg	350 mg	0.5 mg	1.1 mcg

Reimbursement for modified meals served to children with disabilities that restrict their diet is at the appropriate rate based on the child's eligibility for free, reduced, or paid meals for the applicable program, regardless of the meal modification made.

*Manufacturers make changes to products regularly and nutrient content may vary.

- SFA's must offer at least two choices from the following: fat-free milk, low-fat (1%) milk, fat-free or low-fat lactose reduced milk, and fat-free or low-fat lactose-free milk.
- Any written request from the medical authority or the parent/guardian must identify the student's medical or other special dietary needs that restricts the student's diet. No other information is required.
- Lactose-free milk should be the first choice for a student who has lactose intolerance because it provides the same key nutrients found in regular cow's milk and is readily available nationwide. Furthermore, USDA allows lactose-free milk to be provided as part of the reimbursable meal without documentation.
- Water or juice cannot be offered as a fluid milk substitute for a student with medical or special dietary needs. Only a beverage meeting the nutrient standards at the levels specified above may be substituted for fluid milk in the absence of a written medical statement.

Lactose Content of Different Dairy Products

The amount of lactose in dairy foods varies between products, ranging from 15g in a cup of whole milk to virtually zero in hard or mature cheeses. The list below shows the lactose content of some common dairy and dairy related items and their lactose content. Many people with lactose intolerance consume cheeses and other dairy foods due to the low lactose content.

Food	Serving	Lactose content per serving
Whole milk	1 cup	15g
Skim milk	1 cup	15g
Nonfat, 1%, 2% Milk	1 cup	12-13g
Goat's milk	1 cup	13g
Buttermilk	1 cup	9g
Yogurt	6 ounces	9.3g
Cream cheese	2 tbsp	0.9g
Soy milk	1 cup	0g
Hard cheese (e.g., cheddar, gruyere, Swiss, parmesan)	1 ounce	<0.1g
Soft cheese (e.g., ricotta, camembert)	1 ounce	0.1g
Sour cream	2 tbsp	0.7g
Whipped cream topping	2 tbsp	<0.5g
Half-and-half	½ cup	0.2g
Margarine	1 tsp	0g

Information/Resources

- National Institute of Diabetes and Digestive and Kidney Disease
  - https://www.niddk.nih.gov/health-information/digestive-diseases/lactose-intolerance
- Medline Plus
  - www.nlm.nih.gov/medlineplus/lactoseintolerance.html

Gluten Sensitivity

Gluten sensitivity (also called gluten intolerance) is a condition with symptoms like those of celiac disease that improve when gluten is eliminated from the diet. Individuals with this condition do not experience damage to the small intestine, unlike those with celiac disease, and their symptoms improve when gluten is eliminated.

Under the ADAAA, a food intolerance or sensitivity 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 gluten sensitivity may be a person with a disability, regardless of whether consuming gluten-containing foods causes the child distress, and the SFA must make the appropriate meal modifications.

The SFA can create a week's worth of menus, such as a gluten-free menu and rotate that menu each week. Working with the household to see what foods the student typically eats is not required but recommended to create a menu that is pleasing to both the SFA and household/student. Schools and institutions must review each child's situation on a case-by-case basis.

The resources below provide guidance on gluten sensitivities:

- Gluten Sensitivity Information (Celiac Disease Foundation): https://celiac.org/celiac- disease/understanding-celiac-disease-2/non-celiac-gluten-sensitivity-2/
- When a Child Needs a Gluten-Free Diet (Academy of Nutrition and Dietetics): https://www.eatright.org/food/nutrition/vegetarian-and-special-diets/does-my-child-need-a-gluten- free-diet

Celiac Disease

Celiac disease is an 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. The treatment for celiac disease is to avoid all foods that contain gluten, including wheat, rye, barley, and any foods made with these grains.

Under the ADAAA, celiac disease qualifies as a disability because it limits the major life activity of digestion. If a child has celiac disease, the SFA must make the appropriate meal modifications. The SFA can create a week's worth of menus such as a gluten-free menu that meets the meal pattern and rotate that menu each week. Working with the household to see what foods the student typically eats is not required but recommended to create a menu that is pleasing to both the SFA and household/student.

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, pasta and couscous, grain-based desserts (such as cookies, cakes, and pies), breakfast cereals, crackers, and snacks, such as pretzels, snack mix, pita chips, and croutons, seasoned snack foods, processed deli meats, soups and soup bases, and salad dressings and sauces, including soy sauce.

The resources below provide guidance on Celiac Disease:

- Celiac Disease (National Institute of Diabetes and Digestive and Kidney Diseases): https://www.niddk.nih.gov/health- information/digestive-diseases/celiac-disease
- Celiac and Non-Celiac Gluten Sensitivity (Beyond Celiac): https://www.beyondceliac.org/SiteData/docs/CeliacDise/b0df9dc15d9fe85e/Celiac%20Disease%20vs.%20Gluten%20Sensitivity.pdf

Living with Celiac Disease

Currently, there is not a cure for celiac disease; however, the prognosis for children with celiac disease is very good. Once a person is diagnosed and begins to adhere to a gluten-free diet, they should begin noticing an improvement almost immediately. After a few weeks or months, the intestinal damage is almost completely reversed.

Dietary Requirements

The goal of a gluten-free diet is to eliminate all foods that contain wheat, rye, and barley. Other grains that should be eliminated are oats, triticale, spelt, and kamut. Some research indicates that oats may be acceptable; however, this should be determined by a physician on a case-by-case basis.

Great care should be taken when preparing and storing foods for people with celiac disease. Avoid contaminating the foods they eat with breadcrumbs from toasters, cutting boards, grills, or those that may be in margarine or jelly or in fats used to fry foods.

Recommended Foods/Foods to Avoid

The following chart can help determine what foods should and should not be consumed if a child is on a Gluten-Free Diet. The chart is for reference only; all foods should be approved by recognized medical authority, such as a physician.

Recommended Foods	Foods to Avoid
• Breads or bread products made from corn, rice, soy, arrowroot corn or potato starch, pea, potato or whole-bean flour, tapioca, sago, rice bran, cornmeal, buckwheat, millet, flax, teff, sorghum, amaranth, and quinoa • Hot cereals made from soy, hominy, hominy grits, brown and white rice, buckwheat groats, millet, cornmeal, and quinoa flakes • Puffed corn, rice or millet, and other rice and corn made with allowed ingredients • Rice, rice noodles, and pastas made from allowed ingredients • Some rice crackers and cakes, popped corn cakes made from allowed ingredients	• Breads and baked products containing wheat, rye, triticale, barley, oats, wheat germ or bran, graham, gluten or durum flour, wheat starch, oat bran, bulgur, farina, wheat-based semolina, spelt, kamut • Cereals made from wheat, rye, triticale, barley, and oats, cereals with added malt extract and malt flavorings • Pastas made from ingredients above • Most crackers
• All milk and milk products except those made with gluten additives • Aged cheese	• Malted milk • Some milk drinks, flavored or frozen yogurt
• All plain, fresh, frozen, or canned vegetables made with allowed ingredients	• Any creamed or breaded vegetables (unless nonallowed ingredients are used), canned baked beans • Some French fries
• All fruits and fruit juices	• Some commercial fruit pie fillings and dried fruit
• All meat, poultry, fish, and shellfish; eggs • Dry peas and beans, nuts, peanut butter, soybeans • Cold cuts, frankfurters, or sausage without fillers	• Any meat, poultry, fish, or shellfish prepared with wheat, rye, oats, barley, gluten stabilizers, or fillers including some frankfurters, cold cuts, sandwich spreads, sausages, and canned meats • Self-basting turkey • Some egg substitutes
• Butter, margarine, salad dressings, sauces, soups, and desserts made with allowed ingredients • Sugar, honey, jelly, jam, hard candy, plain chocolate, coconut, molasses, marshmallows, meringues • Pure instant or ground coffee, tea, carbonated drinks, wine (made in U.S.), rum, alcohol distilled from cereals such as gin, vodka, and whiskey • Most seasonings and flavorings	• Commercial salad dressings, prepared soups, condiments, sauces, and seasonings prepared with ingredients listed above • Hot cocoa mixes, nondairy cream substitutes, flavored instant coffee, herbal tea, and beer • Beer, ale, cereal, and malted beverages • Licorice

Managing Celiac Disease in a School Food Service Setting

Once a child with celiac disease reaches school-age, Local Educational Agencies in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, are required to accommodate the special dietary needs of the child. However, a written physician's order is required which should include a description of the disability, an explanation for how the disability affects the diet, the dietary changes required, and offers suggested menu modifications. Although gluten-free products may be more expensive, the school is not allowed to charge the student any more than the current price of the regular breakfast or lunch. When possible, try to offer the student foods that are similar to what is on the standard menu. This may help prevent the student from feeling different from other students.

Information/Resources

- Celiac Foundation: www.celiac.org
- Mayo Clinic: www.mayoclinic.com/invoke.cfm?id=DS00319
- Celiac Sprue Association: www.csaceliacs.org/celiac_defined.php
- **Gluten-Free Product Resources**
  - Celiac Disease and Gluten-Free Resource: www.celiac.com/st_main.html?p_catid=19

Disability/Physical Impairment Outside the Meal Pattern

If a student needs a substitute due to a medical need, disability, and/or impairment outside the meal pattern (multiple food allergies, tube feedings, etc.), SFAs need a medical statement signed by a medical authority, such as a physician. With this documentation, these meals are reimbursable. When the medical statement is required, it must include:

- Information about the child's physical or mental impairment that is sufficient to allow the SFA to understand how it restricts the child's diet,
- An explanation of what must be done to accommodate the child's disability, and
- The food or foods to be omitted and recommended alternatives.

An SFA cannot delay implementation until it receives the medical statement and must accommodate the student as soon as possible. If a medical statement is not immediately provided, the SFA must document the initial interaction with the household and should document all attempts to contact the household regarding obtaining a medical statement.

Best Practice Spotlight

If a medical statement is needed because the accommodation is outside the meal pattern, the school cannot stop or discontinue the accommodation if they cannot get the necessary information from the household. Schools should document their multiple efforts and work with others such as the school nurse, principal, counselor, etc. to try and get the necessary information.

Different Portion Sizes

For children with disabilities, if the medical statement requires portion sizes from the minimum quantity requirements in the USDA meal patterns, the SFA must provide the specified portions. The recognized medical authority must specify any requirements for different portion sizes in the child's medical statement. Examples include:

- An additional amount of a specific meal pattern component in the meal, such as a second serving of meat/meat alternates or grains;
- Requiring a smaller amount of food than the minimum portion size required in the meal patterns, such as 1 ounce of meat/meat alternates instead of 2 ounces of meat/meat alternates for grades 9- 12; or
- Requiring that a child receives two of the same meal, e.g., two lunches. **Note:** While the SFA must provide the two meals prescribed by the recognized medical authority, USDA regulations allow SFAs to only claim one lunch per child per day.

Tube Feedings

If a child is determined under Section 504 to have a disability that requires tube feedings, the child's Section 504 plan will include feeding and swallowing as a component. For children who require tube feedings, the USDA recommends using commercial nutritive formulas prescribed by a recognized medical authority and specially designed for tube feedings. School-made formula may be subject to spoilage and may not always have the correct consistency or nutritive content. Proper administration of this type of feeding generally requires the skills of specially trained personnel, such as nurses or the specially trained aides who regularly work with the child.

If the child has an IEP, special education funds may cover the cost of commercial formulas and special personnel. If the child does not have an IEP, these costs may, as appropriate, be charged in part to the SFA or assigned to the school district's general fund or other funding sources.

With appropriate documentation on the medical statement, the SFA could be responsible on a case-by-case basis for the cost of tube feeding formulas that are required as substitutions. However, school food service personnel are not responsible for physically feeding the child.

Administering Feedings

When children with disabilities require assistance in eating, the determination of who will feed the child is a local or school decision. While the SFA is responsible for providing the necessary foods for children with disabilities, school food service personnel are not responsible for physically feeding the child.
LEAs should be aware of the potential liability if someone without sufficient training and direction is performing a task or activity, 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 the trained aides who regularly work with the child.

The resources below provide guidance on Tube Feedings:

- Steps/ Actions for Administering a Tube Feeding (National Association of School Nurses): https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f- 215de278d256/UploadedImages/PDFs/Textbook/6905_W31_2_001-002.pdf
- Feedings at School (Feeding Tube Awareness Tube Foundation): https://www.feedingtubeawareness.org/navigating-life/on-the-go/feeding-at-school/

Phenylketonuria (PKU)

PKU is a rare metabolic disorder characterized by the inability of the body to metabolize the essential amino acid, phenylalanine. Amino acids, usually obtained from the food we eat, are the building blocks for our body's proteins. In children with PKU, the enzyme that breaks down this amino acid is missing causing excessive levels of phenylalanine in the blood and body tissues. Excess phenylalanine is toxic to the central nervous system and causes severe neurological complications, including IQ loss, memory loss, concentration problems, and in some cases, severe mental retardation.

Phenylalanine (PHE) is found in all foods that contain protein. Therefore, children with PKU need to restrict their intake of protein. They usually get a special drink containing the nutrients that other children get from their foods. Also, avoid aspartame, an artificial sweetener (i.e., NutraSweet or Equal) containing PHE. The amount of drink and food a child with PKU has daily is carefully calculated by the medical staff and family. It is extremely important not to allow any food that is forbidden. Even a little taste can result in an increase in PHE levels in the blood. Supervision of younger children with PKU may be needed to prevent sharing or "tastes." Many school districts will put together a special health care, 504 plan or IEP to ensure that the child's PKU is safely and consistently managed at school.

The resource below provides guidance on PKU:

- About PKU (National PKU Alliance): https://npkua.org/Education/About-PKU
- Phenylketonuria (Genetics Home Reference): https://ghr.nlm.nih.gov/condition/phenylketonuria

Living with PKU

The prognosis for children with PKU is very good. The mental retardation can be prevented if the child is diagnosed and treated early in life. It was once believed a child with PKU could discontinue their special diet after about age six because the brain and central nervous system is completely developed by the age of six. However, studies later discovered that older children with elevated serum PHE concentrations did suffer from short attention span, poor short-term memory, and poor eye-to-hand coordination. It is now suggested children continue their low PHE diet throughout their lifetime.

Dietary Requirements

The goals of implementing a PKU diet are to restrict PHE foods and supplement tyrosine in order to maintain blood concentrations within a safe range. This will allow for proper growth and brain development. It is important to remember that PHE is an essential amino acid; therefore, you cannot remove it from the diet. Children with PKU cannot consume as much PHE as other children and maintain appropriate levels of blood PHE. If PHE intake is too low a child may suffer bone, skin, and blood disorders, growth and mental retardation, or death. So, it is important to balance the diet. To help ensure concentrations remain in a safe range, children with PKU receive blood tests periodically and change their diets when necessary.

PHE can be found in large quantities in high protein foods such as meats, fish, poultry, cheese, eggs, milk, nuts, and legumes. The aforementioned foods, as well as products made from regular flour are excluded from the PKU diet. The diet allows foods that contain some PHE, such as fruits, vegetables, and cereals, and those that contain none, such as fats, sugars, jellies, and some candies. Diet drinks and foods that contain the artificial sweetener aspartame (NutraSweet or Equal) must be avoided. One of the components that make-up aspartame is the amino acid phenylalanine.

In order to supply adequate energy, protein, and nutrients the PKU diet must include formulas and medical foods that contain very little or no PHE. The less phenylalanine these foods contain the more phenylalanine the child can get from natural foods. The formulas/medical foods supply seventy-five to ninety percent of the child's daily protein and nutrient needs.

Foods to Avoid (High in Phenylalanine)

- All meat- i.e., beef, pork, ham, bacon, poultry
- Fish- including shellfish
- Eggs
- Cheese
- Nuts
- Legumes
- Milk
- Regular bread, flour, cakes, and biscuits
- Tofu
- Seeds
- Products containing Aspartame (NutraSweet or Equal)

Acceptable Foods

(For reference only, all foods should be approved by recognized medical authority, such as a physician)

- **Fruits**
  - Apples
  - Banana (limited to one small banana per day)
  - Cherries
  - Fruit Pie Filling
  - Fruit Salad
  - Grapefruit
  - Grapes
  - Kiwi
  - Lemons
  - Limes
  - Melons
  - Peaches
  - Pears
  - Pineapple
  - Plums
  - Raisins
  - Strawberries
- **Vegetables**
  - Cabbage
  - Carrots
  - Cauliflower
  - Celery
  - Cucumber
  - Lettuce
  - Mushrooms
  - Onion
  - Peppers
  - Pumpkin
  - Squash
  - Sweet Potato
  - Tomato
- **Fats**
  - Butter
  - Margarine (except spreads containing buttermilk)
  - Vegetable fats and oils
- **Beverages (must not contain Aspartame)**
  - 100% Fruit Juices
  - Fruit Punch
  - Lemonade
  - Mineral water
  - Rice Milk (Waitrose and Rice Dream)
  - Sparkling water
  - Soda Pop
  - Water

Managing PKU in a School Food Service Setting

Once a child with PKU reaches school-age, Local Educational Agencies in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, are required to accommodate the special dietary needs of the child. However, a written physician's order is required which should include a description of the disability, an explanation for how the disability affects the diet, states the dietary changes required, and offers suggested menu modifications. Although medical food and special low protein products are expensive, the school is not allowed to charge the student any more than the current price of the regular breakfast or lunch. When possible, try to offer the student foods that are similar to what is on the standard menu. This may help prevent the student from feeling different from other students.

Information/Resources

- Children's PKU Network: www.pkunetwork.org
- National PKU News: www.pkunews.org
- National Society for Phenylketonuria: www.nspku.org
- **Low Protein Food / Formula Resources**
  - Applied Nutrition:
    - 800-605-0410
    - www.medicalfood.com
  - Cambrooke Foods:
    - 508-276-1800
    - www.cambrookefoods.com
  - Ener-G Foods:
    - 800-331-5222
    - www.ener-g.com
  - Mead Johnson:
    - 812-429-6399
    - www.meadjohnson.com

Cases That Could Be Managed Within or Outside of Meal Pattern

Texture Modifications

Medical statements are not required when texture modifications, such as chopped, ground, or pureed foods are made to regular meal pattern meals. LEAs may apply stricter guidelines and require that SFAs keep a medical statement on file concerning the needed texture modifications. This serves as a precaution to ensure safe and appropriate meals for the child, protect the LEA, and minimize misunderstandings.

Unless otherwise specified by the recognized medical authority, meals modified for texture should consist only of the same food items and quantities specified in the regular school menus. Meals that consist only of texture modifications must meet the meal patterns and dietary specifications and are included in the nutrient analysis of school meals. If they do not meet meal pattern, you must have a signed medical statement form.

As with other dietary substitutions, no additional USDA reimbursement is available for texture-modified meals. If a child must have a pureed meal, it is reasonable to expect the school food service account to purchase a blender or food processor and to have the meal prepared by school food service personnel.

The resources below provide guidance on texture modifications:

- Preparing Texture Modified Foods (Alberta Health Services): https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-slides-preparing-texture-modified-foods-a-training-program-for-supportive-living-sites.pdf

Temporary Disabilities

The requirements for providing meal modifications for children with disabilities apply regardless of the duration of the disability. If a disability is episodic and substantially limits a major life activity when active, SFAs must provide a reasonable modification based on the child's medical statement signed by a recognized medical authority. 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 limits a major life activity of the affected individual.

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 SFA must make the meal modification, even though the child is not "permanently" disabled. Illness or injury, such as a cold, the flu, or a minor broken bone, are generally not considered conditions that require reasonable meal modifications.

Specific Brands of Food

SFAs may consider expense and efficiency in choosing an appropriate approach to accommodate a child's disability. SFAs must offer a reasonable modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from the school nutrition programs. SFAs are generally not required to provide a specific brand of food unless it is medically necessary. In most cases, a generic brand is sufficient. For example, a child's medical statement for a food allergy might request a specific brand of bread as a substitute. The SFA is generally not required to provide the requested brand but must offer to provide a substitute that does not contain the specific allergen that affects the child.

In situations where the requested substitute is very expensive or difficult to procure or obtain, it is reasonable for the SFA to follow up with the family to see if a different substitute would be safe and appropriate for the child. For example, if the medical statement lists a specific brand of gluten-free chicken patty, the SFA could check with the family to see if it would be safe and appropriate to provide a different substitution. For example, appropriate substitutes might include:

- A different brand of gluten-free chicken patty
- Gluten-free grilled or baked chicken
- Another type of food that meets the child's special dietary needs, e.g., gluten-free hamburger or sliced turkey.

In this instance, the family could affirm that the change does or does not meet the child's dietary needs.

Avoidant/Restrictive Food Intake Disorder (ARFID)

ARFID is defined as avoidance or restriction of food intake. It is when a child shows clinically significant failure to meet nutritional requirements or insufficient oral energy intake. Must see one of the following key features: significant weight loss; significant nutritional deficiency (or related health impact); dependence on enteral feeding or oral nutritional supplements; marked interference with psychosocial functioning; not explained by excessive concern about body weight or shape or by concurrent medical factors or mental disorders.

Types of ARFID:

- Sensory food aversions
- Comorbid medical condition
- General Food Aversion
- Posttraumatic feeding disorder

Living with ARFID

Students experiencing ARFID while in school may experience a decreased ability to concentrate and focus, decreased ability to perform as well in sports, physical symptoms (e.g. nausea, headache, dizziness, and fatigue), decline in ability to perform tasks as well as their healthy peers, irritability, prone to illnesses due to weakened immune system, some students may be either less active or overactive and restless, spends an extreme amount of time working on assignments to make sure that they are perfect.

Managing ARFID in a School Food Service Setting

One of the most important things to do managing ARFID in a School Food Service setting is to notify the adults and employees involved in the students' life (e.g., Principle, Food Service Director, Teacher, etc.) Parent(s) may be encouraged to involve student in choosing and packing lunch, if student prefers not to participate in school breakfast/lunch program. If student chooses to participate in school breakfast/lunch program, work with parent to consider their preferences and build options that the student will have a higher chance at consuming. Some preferences children with ARFID may have may be preferring cold food or preferring leftovers warmed. Parent(s) or food service staff can find ways to serve cold foods such as freezing tube yogurt or pack foods frozen and, in a thermos, to keep food cold. Parent or food service staff can preheat a thermos and heat the food extra-hot before you pack it.

Children with Religious/Ethnic Dietary Needs

School food authorities are **not required** to accommodate student and family dietary choices based on ethnic, cultural, or religious preference. However, it is recommended that the school food authority accommodate these requests whenever feasible.

Islam

Islam dietary laws provide a set of rules as to what is allowable in their diet. These rules come from the holy book of Islam, the Qur'an. The law prohibits Muslims from eating pork or any pork products such as lard, ham, and pepperoni. These ancient dietary restrictions may have evolved over time to prevent trichinosis, which is caused by eating undercooked pork. Blood is also prohibited. Raw meat must be soaked in water to drain out the blood before cooking. Meat that is "well done," having no trace of blood, may be consumed.

Calendar of Events

The six most important Islamic Holy Days are Ashura, Mawlid, Ramadan, Id al-Fitr, and Id al-Adha. All dates are approximate, because they depend upon the method of determining the timing of a New Moon.

Descriptions of the Holy Days:

- *Al-Hijra/Muharram* is the Muslim New Year, the beginning of the first lunar month.
- *'Ashura* recalls an event circa 680-OCT-20 in Iraq when an army of the Umayyad regime martyred a group of 70 individuals who refused to submit to the Caliph. One of the martyrs was Imam Husain, the youngest grandson of Prophet Muhammad.
- *Mawlid al-Nabi* is a celebration of the birthday of the Prophet Muhammad, the founder of Islam in 570 CE.
- *Ramadan* is the holiest period in the Islamic year; it is held during the entire 9th lunar month of the year. This was the month in which the Qur'an was revealed to the Prophet Muhammad. The first day of Ramadan is listed above. It is a time at which almost all Muslims over the age of 12 are expected to fast from sunup to sundown, unless they suffer from health problems which would make fasting dangerous.
- *Id al-Fitr* (a.k.a. "'*Id*" and "*Eid*") is the first day of the 10th month -- i.e., the day after the end of Ramadan. It is a time of rejoicing. Houses are decorated; Muslims buy gifts for relatives.
- *Id al-Adha* (a.k.a. the *Feast of Sacrifice* or *Day of Sacrifice*) occurs during the 12th month of the Islamic year. It recalls the day when Abraham intended to follow the instructions of God and sacrifice his son Ishmael.

Sample Menu

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Regular Menu	Corn Dog Oven Fries Carrot Sticks Whole-Wheat Roll Milk	Pepperoni Pizza Garden Salad Pears Milk	Ham & Cheese Sandwich Carrot Sticks Apple Milk	Ham Baked Potato Broccoli Applesauce Wheat Bread Milk	Navy Bean Soup (made with ham bone) Dinner Roll Peaches Green Beans Milk
Accommodating Menu	**Turkey Corn Dog** Oven Fries Carrot Sticks Whole-Wheat Roll Milk	**Cheese Pizza** Garden Salad Pears Milk	**Turkey & Cheese Sandwich** Carrot Sticks Apple Milk	**Salisbury Steak** Baked Potato Broccoli Applesauce Wheat Bread Milk	**Navy Bean Soup (vegetarian)** Dinner Roll Peaches Green Beans Milk

Judaism

Dairy and meat are not to be eaten, served, or cooked together according to Jewish dietary restrictions, because it is considered to be unhealthy. Pork and shellfish are not permitted. All blood must be drained from meat and poultry before cooking. In order to be considered Kosher, all meat must be processed with the approval of a Rabbi.

Holy Days

- Shabbat (The Sabbath)
  - Begins every Friday at sunset and ends Saturday at nightfall. Shabbat is one of the most sacred days of the Jewish calendar, observed by prayer and study.
- Purim (Festival of Lots)
  - The Megillah (scroll) of Esther is read amidst joyous celebration and the wearing of costumes in the festival celebrating the defeat of Haman, the enemy of the Jews, in ancient Persia.
- Passover (Pesach)
  - Passover celebrates the story of the Exodus of the Israelites from Egyptian bondage. The Seder service at home on the first two nights recounts this story. Celebration lasts eight days.
- Shavuot (Feast of Weeks)
  - Shavuot commemorates the giving of the Torah (the law) at Mount Sinai.
- Rosh Hashanah (New Year)
  - Rosh Hashanah begins the ten days of repentance. The shofar (ram's horn) is blown as part of the Synagogue service.
- Yom Kippur (Day of Atonement)
  - Yom Kippur is the holiest day of the Jewish calendar, observed by fasting and continuous prayer throughout the day asking for atonement for sins committed throughout the previous year.
- Sukkot (Festival of Booths)
  - Sukkot is a harvest festival; it recalls the dwelling of the Israelites in booths as they wandered in the desert after escaping from Egypt.
- Shemini Atzeret (8th Day of Assembly)
  - The Synagogue service includes the Tefillat Geshem, a prayer for rain.
- Simchat Torah (Rejoicing of the Law)
  - The final verses of the Torah in Deuteronomy are read and then immediately the opening verses of Genesis are also read signifying the continuity of the Torah in Jewish life.
- Hanukkah (Festival of Lights)
  - Hanukkah celebrates freedom of religion. Recapturing the Temple from the Greek Syrians, the Maccabees lit a cruse of oil which remains lit for eight days. Candle lighting on each of eight nights recalls these events.

Sample Menu

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Regular Menu	Beef & Cheese Burrito Spanish Rice Corn Pears Milk	Pepperoni Pizza Garden Salad Orange Slices Milk	Ham & Cheese Sandwich Carrot Sticks Apple Milk	Ham Baked Potato Broccoli Applesauce Wheat Bread Milk	Navy Bean Soup (made with ham bone) Dinner Roll Peaches Green Beans Milk
Accommodating Menu	**Bean & Cheese Burrito** Spanish Rice Corn Pears Milk	**Cheese Pizza** Garden Salad Orange Slices Milk	***Kosher Turkey Sandwich** Carrot Sticks Apple *Milk	***Kosher Chicken** Baked Potato Broccoli Applesauce Wheat Bread Milk	**Navy Bean Soup (vegetarian)** Dinner Roll Peaches Green Beans Milk

*** Dairy and meat are not to be eaten, served, or cooked together according to Jewish dietary restrictions, because it is considered to be unhealthy. Offer versus Serve would be an option for these menus; a student would be able to turn down either the meat or milk and follow the dietary restrictions. Another option would be to change the Turkey Sandwich and Chicken for vegetarian choices.**

Seventh Day Adventist

Members follow a well-balanced vegetarian diet. An emphasis on total health is stressed by followers of this religion. If meat and/or fish are taken, they must be kosher. In this matter, the diet follows the restrictions and regulations of a Jewish diet.

Sample Menu

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Regular Menu	Beef & Cheese Burrito Spanish Rice Corn Pears Milk	Pepperoni Pizza Garden Salad Orange Slices Milk	Ham & Cheese Sandwich Carrot Sticks Apple Milk	Ham Baked Potato Broccoli Applesauce Wheat Bread Milk	Navy Bean Soup (made with ham bone) Dinner Roll Peaches Green Beans Milk
Accommodating Menu	**Bean & Cheese Burrito** Spanish Rice Corn Pears Milk	**Cheese Pizza** Garden Salad Orange Slices Milk	**Grilled Cheese Sandwich** Carrot Sticks Apple *Milk	**Baked Potato w/ Broccoli & Cheese** Applesauce Wheat Bread Milk	**Navy Bean Soup (vegetarian)** Dinner Roll Peaches Green Beans Milk

Catholicism

There are no specific dietary laws in Catholicism except during the period of Lent. Lent begins with Ash Wednesday and ends on Easter Sunday. During Lent, practicing Catholics observe the laws of abstinence. This means they are not allowed to consume any meat on Fridays. Fish and other seafood, however, are acceptable.

Current fasting practice in the Catholic Church binds persons over the age of seventeen and younger than sixty. On Ash Wednesday and Good Friday, one eats only one full meal, but may eat two smaller meals as necessary to keep up strength. The two small meals together must sum to less than the one full meal. Parallel to the fasting laws are the laws of abstinence. These bind those over the age of twelve. On days of abstinence, the Catholic must not eat meat or poultry. According to Canon Law, all Fridays of the year and Ash Wednesday are days of abstinence, though in most countries, the strict requirement of abstinence has been limited by the Bishops to the Fridays of Lent and Ash Wednesday. On other abstinence days, the faithful are invited to perform some other act of penance.

Fasting during Lent was in ancient times more severe than it is today. Meat, fish, eggs, and milk products were strictly forbidden, and only one meal was taken each day. Today, in the West, the practice is considerably relaxed, though in the Eastern church, abstinence from the above-mentioned food products is still commonly practiced. Lenten practices (as well as other liturgical practices) are more common in Protestant circles than they once were.

Sample Menu

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Regular Menu	Beef & Cheese Burrito Spanish Rice Corn Pears Milk	Pepperoni Pizza Garden Salad Orange Slices Milk	Ham & Cheese Sandwich Carrot Sticks Apple Milk	Ham Baked Potato Broccoli Applesauce Wheat Bread Milk	Navy Bean Soup (made with ham bone) Dinner Roll Peaches Green Beans Milk
Accommodating Menu	**No changes needed**	**No changes needed**	**No changes needed**	**No changes needed**	**Navy Bean Soup (vegetarian)** Dinner Roll Peaches Green Beans Milk

Milk

General Guidelines for Milk

1. Lactose-free/reduced milk may be served in place of regular milk unless the medical statement signed by a medical authority state otherwise. Lactose free/reduced milk (skim or 1%) is reimbursable without any documentation.

2. If option 1 cannot be implemented, then the SFA must provide a milk substitute in place of cow's milk which meets specific nutrient standards, which can be found in the table below, unless the signed medical statement states otherwise. If a medical statement or written request is not immediately provided, the SFA must document the initial interaction with the household and should document all attempts to contact the household regarding obtaining a medical statement or written request.

Milk Substitute Nutrition Standards Nutrient Per Cup (8 Fl. Oz.)	
Calcium – 276 mg	Phosphorus – 222 mg
Protein – 8 g	Potassium – 349 mg
Vitamin A – 500 IU	Riboflavin – 0.44 mg
Vitamin D – 100 IU	Vitamin B12 – 1.1 mcg
Magnesium – 24 mg	

Milk Substitute Rule

If a student has a disability (such as lactose intolerance or a milk allergy), the SFA must provide an appropriate substitute, and it is no longer permissible to require the student to "decline the milk under Offer Versus Serve" as an easy fix. The SFA must provide a substitute. However, offering milk substitutes for students due to religious or lifestyle choices is up to the SFA.

Note: For children **without** a disability, LEAs can never substitute juice, water, or any other beverages for milk, even with a medical statement signed by a recognized medical authority.

Disability/Physical Impairment Within the Meal Pattern for Milk

If there is a medical need, disability, and/or impairment and a complete meal can be accommodated within the meal pattern such as providing a milk substitute nutritionally equivalent to cow's milk, SFAs are not required to obtain a medical statement signed by a health care provider with prescriptive authority. A written request from a parent/guardian is acceptable. If an SFA wants to offer "lactose free or reduced-lactose milk," no documentation is needed.

If an SFA would like to have a medical statement, they may ask the household to provide this documentation but cannot delay implementation of the requested substitution. The SFA must accommodate the student as soon as possible.

If a written request or medical statement is not immediately provided, the SFA must document the initial interaction with the household and should document all attempts to contact the household regarding obtaining a written request.

Disability/Physical Impairment Outside the Meal Pattern for Milk

If a student needs a milk substitute not nutritionally equivalent to cow's milk due to a medical need, disability, and/or impairment, SFAs must have a medical statement signed by a medical authority, such as a physician. When the medical statement is required, it must include:

- Information about the child's physical or mental impairment that is sufficient to allow the SFA to understand how it restricts the child's diet,
- An explanation of what must be done to accommodate the child's disability, and
- The beverage or beverages to be omitted and recommended alternatives.

SFAs cannot delay implementation until it receives the medical statement and must accommodate the student as soon as possible. If a medical statement is not immediately provided, the SFA must document the initial interaction with the household and should document all attempts to contact the household regarding obtaining a medical statement.

Religious or Lifestyle Choice

SFAs are not required to accommodate students for religious or lifestyle choices. If a school does accommodate religious or lifestyle choices, it must make accommodations for any other similar request. When implementing this option, students can be given a milk substitute that is nutritionally equivalent to cow's milk with a written request from the parent/guardian. If implementing offer versus serve, SFAs can have the students decline the milk due to religious or lifestyle choice.

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.

In addition to meeting the USDA meal pattern requirements, any lactose-reduced and lactose-free milk sold in public schools, either as part of school meals or a la carte, must meet the national standards. Lactose- reduced and lactose-free milk that does not meet both the USDA standards cannot be sold a la carte in public schools.

SFAs cannot charge more for a reimbursable meal containing lactose-free milk or lactose-reduced milk but can sell these types of milk a la carte for a higher price than regular milk. As with any a la carte item, the price charged to students should reflect the actual cost of the item plus an amount determined by the SFAs formula for a la carte pricing.

Nondairy Milk Substitutes

The USDA regulations allow SFAs to offer nondairy milk substitutes that meet the USDA's nutrition standards for fluid milk substitutes. The USDA nutrition standards require that milk substitutes must be nutritionally equivalent to dairy milk and provide specific levels of calcium, protein, vitamins A and D, magnesium, phosphorus, potassium, riboflavin, and vitamin B12. 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.

General Guidelines

Appropriate Eating Areas

Federal civil rights legislation, including Section 504 of the Rehabilitation Act of 1973, IDEA, and Titles II and III of the ADA, requires that in providing nonacademic services, including meals, schools and institutions must ensure that children with disabilities participate along with children without disabilities to the maximum extent appropriate. This allows children to interact with and learn from other children with backgrounds different from their own.

However, under some circumstances it may be appropriate to require children with certain special needs to sit at a separate table. For example, if a child requires significant assistance from an aide to consume their meals, it may be necessary for the child and the aide to have more space during the meal service.

Additionally, SFAs may determine that a separate, more isolated eating area would be best for children with severe food allergies. The separate eating area may be:

- A designated table in the cafeteria cleaned according to food safety guidelines (to eliminate possible cross contact of allergens on tables and seating); or
- An area away from the cafeteria where children can safely consume their meals.

Prior to developing a special seating arrangement, the school should determine, with input from the child's family and physician, if this type of seating arrangement would truly be helpful for the child. If the school develops a special seating arrangement, other children should be permitted to join the child with the food allergy, provided they do not bring any foods that would be harmful to the child.

Schools and institutions cannot segregate children with disabilities from the regular meal service simply as a matter of convenience. In addition, it is not appropriate to simultaneously use a separate table to segregate children who are being punished for misconduct. In all cases, the decision to feed children with disabilities separately must always be based on what is appropriate to meet the needs of the children.

Offer Versus Serve

SFAs cannot use offer versus serve (OVS) to accommodate meal modifications for children with disabilities. A student with a disability must be offered a full reimbursable meal, including all required components, and have the opportunity to select all required food components for the meal. For example, a child who has celiac disease or gluten intolerance must have a choice of a gluten-free grain item. The SFA cannot use OVS to eliminate a specific food component, such as grains, for a child with a disability. For more information on OVS, visit FDACS' OVS webpage.

Nutrition Information

The USDA considers providing nutrition information for foods served in school meals a component of reasonable meal modifications, therefore the SFA may need to provide nutrition information for school meals available to students, families, school nurses, and others. For example, the SFA can maintain a binder of nutrition labels in the school cafeteria or district food service office that parents, or guardians can review. This enables families, in consultation with medical professional, to determine the appropriate meals for their child's specific dietary concerns. If a product's label does not provide adequate information, it is the responsibility of the SFA to obtain the information necessary to ensure a safe meal for the child. The SFA should contact the product's supplier or manufacturer to obtain the required information.

The SFA is not necessarily required to provide nutrition information for all meals, since it would be very burdensome to provide this information. For example, if a child with diabetes must track their carbohydrate intake, the SFA is not required to provide nutrition information for all food choices available during the lunch and breakfast meal service. A reasonable accommodation could be developing a cycle menu with input from the child's parent or guardian, medical professionals, school nutritionist, school nurse, and other members of the Section 504 team, as appropriate. In this case, the SFA is only required to provide nutrition information for the foods on the planned cycle menu for the special diet but not all foods offered in the school nutrition programs.

It is important to have good communication between the school, students, and families. When parents or guardians require nutrition information for school meals, FDACS recommends providing a monthly menu several weeks in advance. This enables parents or guardians to determine which meals their child will be eating. It also allows sufficient time for the school food service program to gather nutrition information for the selected meals to share with the student, parents or guardians, school nurse, and other appropriate personnel.

Vended Meals

SFAs must always ensure that any benefits available to the general school population are equally available to children with disabilities. Consequently, SFAs must make accommodations for children with disabilities regardless of whether the school district operates the school nutrition program or contracts with a food service management company (FSMC).

When a FSMC operates the school nutrition program or the SFA obtains meals from a vendor, the LEA must address the issue of meal modifications. FDACS recommends that the contract developed with the FSMC, or vendor specifies the SFA's requirements for meal modifications. SFAs that do not have any need for meal modifications at the time a bid is prepared should still include sufficient information in the bid to ensure that the vendor is aware that meal modifications may be required any time during the term of the contract. The SFA, not the FSMC or vendor, is ultimately responsible for complying with the USDA regulations for school meals, including meal modifications for children whose disability restricts their diet.

Example of Wording for Vendor Contract

The vendor will make substitutions for food and/or beverage components for students with special dietary needs at no additional cost to the student. This includes, but is not limited to, food allergies and/or intolerances, texture modifications, carbohydrate counts, and calorie modifications. Substitutions shall be made on a case-by-case basis. To reduce and/or prevent the possibility of allergens being present in food or beverage items, the vendor is required to allow access to all ingredient and nutrition labeling for all products. If accommodations are not met within the meal pattern, these changes should be supported by a signed statement from a recognized medical authority. The SFA is responsible for obtaining and maintaining any documentation required for the SFA to claim program reimbursements.

Meal Reimbursement and Cost

SFAs claim modified meals at the same reimbursement rate as regular meals that meet the USDA meal patterns. The USDA considers any additional costs for modified meals to be allowable food service program costs, but additional reimbursement is not available.

Price of Meals

SFAs absolutely cannot charge more for modified meals than regular meals. If a child qualifies for free or reduced-price meals, the charge for modified meals is also the same.

Allowable Costs

In most instances involving modified meals, the school food service account pays the cost of special food and food preparation equipment. School 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 expect the school food service account to purchase a blender or food processor and to have the meal prepared by school food service personnel.

For delicate operations, such as tube feedings, proper administration generally requires the skills of specially trained personnel, such as nurses or specially trained aides who regularly work with the child. If the child has an IEP, special education funds may cover special labor costs. Without an IEP, these costs may be charged, as appropriate, to the food service account or may be assigned to the school district's general fund or other funding sources. In most cases, meal modifications can be made with little extra expense or involvement, and the nonprofit school food service account can usually cover any additional expenses involved in making the modification.

Communicating with School Food Service Personnel

Close communication between school health services staff and school food service personnel is essential to ensure that children receive appropriate meal modifications and in a safe environment. LEAs must establish procedures for identifying children with special dietary needs and providing this information to the staff responsible for feeding the children.

For some conditions, such as food allergies, it may be appropriate for LEAs to maintain information for school food service personnel in the form of a list identifying the children and the food restrictions, along with the appropriate substitutions designated by each child's medical statement. This list would be adequate to document the substitutions in the USDA meal patterns if the school or institution has the original signed medical statements on file. It is important to keep in mind that this list should be kept out of public view, as to not violate civil rights rules.

Storage and Updates of Medical Statements

FDACS recommends storing medical statements in a student's health records maintained by the school nurse. The school nurse may share copies of student medical statements with school food service personnel for the purposes of meal modifications for special dietary needs. Family Educational Rights and Privacy Act (FERPA) allows the sharing of confidential student information when there is a legitimate educational interest, such as making meal modifications for special dietary needs. The school food

service department should have access to this information to allow food service personnel to make appropriate meal modifications for each child.

The USDA requires sponsors to retain medical statements for three years, plus the current year. Updated medical statement forms each year are not required, however, when parents or guardians provide updated medical information, schools and institutions must ensure that medical statements on file reflect the current dietary needs of participating children. Changes to diet orders must be in writing on a medical statement signed by a recognized medical authority.

Since children's special dietary needs may change over time, FDACS strongly recommends that schools and institutions develop a plan for ensuring that dietary information is current. For example, a school's policy could request an updated medical statement whenever a child:

- Has a physical;
- Transitions to a different school;
- Requires a new meal modification; or
- Requires a change to an existing meal modification.

SFAs may require updates as necessary to meet their responsibilities. When establishing these requirements, the USDA recommends carefully considering the burden obtaining additional medical statements could create for parents or guardians.

Best Practice Spotlight

Schools are not required to get an updated medical statement each school year, but it would be best practice to get an updated medical statement at the beginning of each school year, such as during registration or a back to school night. Schools cannot delay the accommodation if they have not received the updated medical statement.

Food Safety

Preventing cross-contact is a vital aspect of maintaining a safe environment for students with food allergies and intolerances. Cross-contact is different than cross-contamination in that cross- contamination occurs when bacteria or other microorganisms are unintentionally transferred from one object to the next, whereas cross-contact is when an allergen is unintentionally transferred from one food to another. It is important to note as well, that proper cooking does not reduce or eliminate the chances of a food allergy reaction in the case of cross-contact. By not following proper procedures, students with food intolerances and allergies are at risk of a reaction. It is imperative that staff is regularly trained on both of these topics. Below are some key things to make sure happen in in your school foodservice.

- Develop SOPs by writing down the actual steps taken when performing the specific task. When using sample SOPs from organizations or other schools, be sure to customize the information, so it is specific to the local program. The resources below provide examples of SOPs:
    - *Serving Safe Food to Students with Food Allergies* (Institute of Child Nutrition);
    - Food Safety SOPs (Institute of Child Nutrition); and
    - Standard Operating Procedures – School Foodservice (Iowa State University)
- Always wash hands and change gloves when preparing different menu items.
- Use clean kitchen equipment or tools when preparing food.
- Clean and sanitize surfaces between every menu item. This includes countertops, tabletops, cutting boards, flat-tops, etc.
- Be cognizant of hidden sources of cross-contact, such as touching towels in between food preparation, splatter from batter, touching condiment bottles on different food items, and convection ovens circulating allergens.
- Work with teachers, parents, students, and other food service staff to ensure that perishable items, including those brought from home are stored safely and properly.
- Keep a watchful eye on food recalls that involve foods being exposed to allergens that are not listed as an ingredient.
- For more information, visit the Food Allergy Research & Education (FARE)'s page on Cross-Contact.

Best Practice Spotlight

Create food allergy friendly kitchen tools. Wrap the tools in a different colored tape to make them stand out against the other "regular" tools in the kitchen.

Label Reading

It is imperative that school foodservice staff thoroughly reads the labels of all food and beverage items that enter the kitchen. Many food items contain hidden food allergens that could pose a risk to students. For example, some yogurts contain fish protein as a thickener and some chicken nuggets can contain celery. All food item labels should be inspected when being brought into the kitchen and/or storage areas from deliveries. Be mindful to continuously check product labels, as manufacturers can change ingredients without warning. Only reviewing labels during the summer or at the start of the year, will not catch changes made later in the year. Additionally, a sample label on a company website may not accurately reflect the actual ingredients of a food or beverage item. Multiple vendors may supply USDA products (like chick fajitas), however, each manufacturer will have a unique product formulation, so while one company's fajitas may be soy-free, another may contain soy.

Policies for Meal Modifications

In addition to the requirements for procedural safeguards and food allergy management plans, FDACS strongly encourages LEAs to develop a written policy addressing meal modifications for school nutrition programs. The policy should be integrated with the LEA's procedural safeguards process and food allergy management plan and developed in collaboration with school health services and administrators.

Written policies are important because they:

- Provide clear guidelines for students, families, and school staff;
- Ensure consistent practices in all schools and among all staff members;
- Document compliance with federal and state requirements and best practices;
- Educate families regarding school practices and procedures;
- Provide a basis to evaluate program activities and staff members; and
- Demonstrate the LEA's commitment to children's health and well-being.

Policies are an important tool to notify the school community, including school administrators, school staff, and families of the availability of meal modifications, and explain applicable requirements and procedures, including:

- Federal requirements to ensure that modified meals are reimbursable;
- The process for parents or guardians to request meal modifications;
- How to submit the 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 to prevent food allergen contamination;
- Communication procedures between school personnel and between schools and families; and
- Monitoring to ensure that meal modifications are appropriate and meet individual dietary needs.

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 school personnel 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

Strategies for Policy Development

The strategies below can assist LEAs with developing policies for meal modifications. 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 the LEA's current policies, practices, and procedures for modifications to school meals. *The Institute of Child Nutrition's NFSMI Best Practices for Serving* can assist LEAs with this process.
- Identify the essential practices to implement in school food services and school health services and determine where SOPs are necessary.
- Identify the training needs of school personnel regarding meal modifications for children with special nutrition needs. Provide annual and ongoing training for school food service personnel, school health services personnel, and other school staff, as appropriate.
- Determine effective communication strategies between the school food service director, school food service personnel, nurse supervisor, nurses, teachers, students, parents or guardians, school staff, and administrators.

Special Scenarios and Responses

The following topics and examples of scenarios that might occur are intended to illustrate relatively practical guidelines and principles not as the final word on similar scenarios involving specific students at a specific school. Remember that circumstances vary from case to case, and each situation should be evaluated and decided on an individual basis:

Meals and/or Foods Outside of the Normal Meal Service

Scenario 1:

As part of therapy for a child with a disability, the licensed physician has required the child to consume six cans of cranberry juice a day. The juice is to be served at regular intervals, and some of these servings would occur outside of the normal school meal periods. Is the school food service required to provide all of the servings of juice?

Response:

No. The general guideline is that children with disabilities must be able to participate in and receive benefits from programs that are available to children without disabilities.

In this instance, the school food authority would be required to provide and pay for cranberry juice as part of the regular reimbursable breakfast, lunch, and/or snack service. However, the school food service would not be required to pay for other servings throughout the school day unless so specified in the student's IEP.

It should be recognized that there may be exceptions to this general rule. For instance, a Residential Child Care Institution (RCCI) such as a juvenile correction facility or boarding school, where children have no other recourse for meals, may be required to provide all the needed juice.

In addition, not all juice servings need to be charged to the nonprofit food service account.

Scenario 2:

A child with a disability must have a full breakfast each morning. Is the school food service required to provide a breakfast for this child even though a breakfast program is not available for the general school population?

Response:

No. The school food service is not required to provide services that would not normally be available to the general school population. If the school food authority does not have a breakfast program, they would not be required to start one for children with a disability.

However, if the IEP requires that a child receive a breakfast at school, the school must provide the service. The food service program may or may not be responsible for this service. The school and/or district may have health or other personnel that can provide this student's required breakfast.

As in the previous example, a RCCI must provide the breakfast as the student would not have any other source for meeting this requirement.

Scenario 3:

A licensed physician has prescribed portion sizes that exceed the minimum serving size requirements set forth in the regulations for a child with a disability. Is the school required to provide these additional quantities?

Response:

Yes. The school must provide the child food serving sizes which exceed the minimum serving size requirements, if specifically prescribed in the licensed physician's statement.

Special Needs Which May or May Not Involve Disabilities

Scenario 1:

A child has a life-threatening allergy to peanuts. It is reported that the slightest contact with peanuts or peanut derivatives, usually peanut oils, could result in a potentially fatal anaphylactic reaction. To what lengths must the food service department go to accommodate the child? Is it sufficient for the school food service to post or avoid obvious foods such as peanut butter, or must the school food service staff research every single ingredient in all foods and post these?

Response:

In short, the food service staff must do whatever is necessary. The school is required to provide a safe, nonallergic meal to the child if it is determined that the condition is disabling. To do so, school food service staff must make sure that all food items offered to the allergic child meet prescribed guidelines and are free of foods which could potentially cause a reaction. Food service staff should not serve any item whether it is processed or made from scratch that could be detrimental to the student. In general, food service staff should never serve any item that lacks sufficient content information to ensure student safety. School food service staff should take care to avoid cross-contamination while preparing the student's meal. Separate work areas and tools are recommended.

Additionally, it is important to recognize that a child may be provided an equivalent meal served to others but not necessarily the same meal.

Resources for children with food allergies: Food Allergy and Anaphylaxis Network Inc. Website: www.foodallergy.org

Scenario 2:

A child's parents have requested that the school prepare a strict vegetarian diet for their child based on a statement from a health food store's "nutrition advisor". Must the school comply with the request?

Response:

No. The school is only responsible to make accommodations for conditions that are considered a disability. Part of this definition includes a diagnosis/statement from a licensed physician as described in 7 CFR Part 15b. The school may but is not required to meet this request.

Glossary

A-la-carte Items: Foods and beverages that are sold separately from reimbursable meals in the USDA school nutrition programs. A la carte items include, but are not limited to, foods and beverages sold in the cafeteria serving lines, a la carte lines, kiosks, vending machines, school stores, and snack bars located anywhere on school grounds.

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 to prescribe, dispense, and administer medical therapeutics and corrective measures.

Afterschool Snack Program: The USDA's federally assisted snack program implemented through the National School Lunch Program (NSLP). The Afterschool Snack Program provides reimbursement to help schools serve snacks to children in afterschool activities aimed at promoting the health and well-being of children and youth. Schools must provide children with regularly scheduled activities in an organized, structured, and supervised environment that includes educational or enrichment activities, e.g., mentoring/tutoring programs. Programs must meet state or local licensing requirements and health and safety standards. For more information, see FDACS' Afterschool Snack Program webpage.

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.

Avoidant/Restrictive Food Intake Disorder (ARFID): Avoidance or restriction of food intake. Types of ARFID include sensory and general food aversions.

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 Institute of Diabetes and Digestive and Kidney Diseases and the Celiac Disease Foundation.

Child and Adult Care Food Program (CACFP): The USDA's federally assisted meal program providing nutritious meals and snacks to children in childcare 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 webpage and FDACS' CACFP webpage.

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, such as beef patties, cheese or meat pizzas, meat or cheese and bean burritos, and breaded fish portions. The CN label may also indicate the contribution of other meal components that are part of these products. For more information, see the USDA's Child Nutrition (CN) Labeling webpage.

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, Seamless Summer Option (SSO) of the NSLP, Special Milk Program (SMP), Summer Food Service Program (SFSP), Fresh Fruit and Vegetable Program (FFVP) and Child and Adult Care Food Program (CACFP).

Competitive Foods: Any foods and beverages sold to students anytime on school premises other than meals served through the USDA school meal programs. Competitive food sales include, but are not limited to, cafeteria a la carte sales, vending machines, school stores and fundraisers.

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 information on crediting foods for grades K-12, see FDACS' Crediting webpage.

Dietary Specifications: The USDA's nutrition standards for meals for grades K-12 in the NSLP and SBP. The dietary specifications include weekly calorie ranges and limits for saturated fat and sodium. In addition, Nutrition Facts labels, and manufacturer specifications must indicate zero grams of trans fat per serving for all food products and ingredients used to prepare school meals. For more information, see FDACS' *Meal Pattern Tools.*

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.

Emergency Care Plan (ECP): A written plan that provides specific directions about what to do in a medical emergency such as an accidental exposure to the allergen or safety emergency such as a fire drill or lockdown. The ECP is often part of the IHCP. This written plan helps the school nurse, school personnel, and emergency responders react to an emergency in a prompt, safe, and individualized manner.

Family Educational Rights and Privacy Act (FERPA): A federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA allows schools to disclose student records without consent to school officials with legitimate educational interest, such as making meal modifications for special dietary needs. For more information, see the FERPA website.

Fluid Milk Substitutes: Nondairy beverages (such as soy milk) that can be used as a substitute for dairy milk in the USDA Child Nutrition Programs. For meals and snacks to be reimbursable, these beverages must meet the USDA nutrition standards for milk substitutes. For more information, visit FDACS's Accommodating Students with Milk Substitution Requests.

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 glossary.

Food Components: The five food groups that comprise reimbursable meals in the NSLP (milk, fruits, vegetables, grains, and meat/ meat alternates) and the three food groups that comprise reimbursable breakfasts in the SBP (grains with optional meat/meat alternate substitutions, fruits with optional vegetable substitutions, and milk). For more information on the food components, see FDACS' Crediting webpage.

Food Intolerance: An adverse food-induced reaction that does not involve the body's immune system, e.g., lactose intolerance and gluten 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 school nutrition programs. A food item may contain one or more food components or more than one serving of a single component. For example, an entree could provide one serving of grains and one serving of meat/meat alternates, and a bagel could provide two servings of grains.

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 the Celiac Disease Foundation website.

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 website.

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 children 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 website.

Lactose Intolerance: A reaction to a food that does not involve the immune system (allergy response). 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.

Local Educational Agency (LEA): A public board of education or other public or private nonprofit authority legally constituted within a state for either administrative control or direction of, or to perform a service function for, public or private nonprofit elementary or secondary schools in a city, county, township, school district, or other political subdivision of a state, or for a combination of school districts or counties that is recognized in a state as an administrative agency for its public or private nonprofit elementary or secondary schools.

Major Life Activities: These 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.

Medical Statement: A document that identifies the specific medical conditions and appropriate dietary accommodations for children with special dietary needs. The USDA requires that the medical statement to request meal modifications must include information about the child's physical or mental impairment that is sufficient to allow the SFA 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.

National School Lunch Program (NSLP): The USDA's federally assisted meal program operating in public and nonprofit private schools and residential childcare 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 FDACS' National School Lunch Program webpage.

Non-Creditable Foods: Foods and beverages that do not count toward any meal pattern components in the USDA Child Nutrition Programs.

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 serving of 1 cup (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.

Offer Versus Serve (OVS): A concept that applies to menu planning and the determination of reimbursable school meals for grades K-12 in the NSLP and SBP. OVS allows students to decline a certain number of food components or items in the meal. All required meal components must be offered to each student. In the NSLP, students must select at least ½ cup of fruits or vegetables and the full portion (minimum serving size) of at least two other components. In the SBP, students must select at least three food items including at least ½ cup of fruit (or vegetable substitutions, if offered). OVS must be implemented in senior high schools for lunch but is optional for breakfast. For junior high, middle schools and elementary schools, OVS is optional for both breakfast and lunch. OVS is not allowed for preschool meals in the NSLP or SBP, or snacks in the ASP. For more information, see FDACS' Offer vs. Serve for School webpage.

Physical or Mental Impairment: 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.

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 this statement 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 these foods will be used in a reimbursable meal, the SFA must check the manufacturer's crediting information for accuracy.

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.

Reasonable Modification: 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 a child's disabling condition and must be in writing on a medical statement signed by a recognized medical authority.

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 Florida, 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.

Reimbursable Meals: Meals and snacks that meet the USDA's meal patterns and dietary specifications for Child Nutrition Programs and are eligible for USDA funds.

Seamless Summer Option (SSO) of the NSLP: The USDA's federally assisted summer feeding program that combines features of the NSLP, SBP, and SFSP, and serves meals free of charge to children ages 18 and younger from low-income areas. School districts participating in the NSLP or SBP are eligible to apply to FDACS to participate in the SSO. SSO meals follow the meal patterns of the NSLP and SBP. For more information, see FDACS' Summer Food Service Program webpage.

School Breakfast Program (SBP): The USDA's federally assisted meal program operating in public and nonprofit private schools and residential childcare 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 FDACS' School Breakfast Program webpage.

School Food Authority (SFA): The governing body that is responsible for the administration of one or more schools and has the legal authority to operate the USDA school nutrition programs, e.g., National School Lunch Program, School Breakfast Program, Afterschool Snack Program, Special Milk Program, Fresh Fruit, and Vegetable Program (FFVP), Child and Adult Care Food Program (CACFP) At-risk Supper Program implemented in schools, and Seamless Summer Option (SSO) of the NSLP.

Serving Size or Portion: The weight, measure, or number of pieces or slices. The minimum serving size specified in the USDA meal patterns must be provided for meals and snacks to be reimbursable.

Special Milk Program (SMP): The USDA's federally assisted program that provides milk to children in schools and childcare institutions that do not participate in other federal meal service programs. The SMP reimburses schools for the milk they serve. Schools in the NSLP or SBP may also participate in the SMP to provide milk to children in half-day pre- kindergarten and kindergarten programs where children do not have access to the school meal programs.

Summer Food Service Program (SFSP): The USDA's federally assisted summer feeding program for children ages 18 and younger that provides nutritious meals when schools end for the summer. For more information, see FDACS' Summer Food Service Program webpage.

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture
Office of Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 2025-9410; or

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: program.intake@usda.gov

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Inquiries regarding the Florida Department of Agriculture and Consumer Service's non discrimination policies should be directed to: The Division of Food, Nutrition and Wellness, 850-617-7400

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