

**INDIANA'S
HANDBOOK FOR
MANAGING
SPECIAL
DIETARY NEEDS
IN SCHOOL
FOOD SERVICE**

**INDIANA DEPARTMENT OF EDUCATION -
SCHOOL AND COMMUNITY NUTRITION**

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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 (ASP) of the NSLP;
- Special Milk Program (SMP);
- Fresh Fruit and Vegetable Program (FFVP); and
- Child and Adult Care Food Program (CACFP) 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 Indiana Department of Education (IDOE). It includes recent USDA guidance that updates the requirements for meal modifications in the NSLP, SBP, ASP, SMP, FFVP, and CACFP 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](#) IDOE for assistance with any questions or concerns. You can also visit [inTEAM](#) to view Special Dietary Needs Trainings created by IDOE.

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 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 also 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.



<u>Scenario</u>	<u>Are Special Foods Required?</u>
<p>Child has disability but no IEP</p> <p>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.</p> <p>The child does not have an IEP.</p> <p>Is the SFA required to provide and pay for all six servings?</p>	<p>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.</p> <p>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).</p> <p>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.</p>
<p>Child has disability and IEP</p> <p>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.</p> <p>Is the SFA required to provide and pay for these mid-morning and mid-afternoon shakes?</p>	<p>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.</p> <p>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.</p>

[USDA Nondiscrimination Regulations \(7 CFR 15b\)](#)

The USDA nondiscrimination regulations ([7 CFR 15b](#)) and regulations for school nutrition programs ([7 CFR 210.10\(m\)](#) and [7 CFR 220.8\(m\)](#)) 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 Indiana, 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 Part 15b

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 \(Section 504\)](#)

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\(m\)](#) and [7 CFR 220.8\(m\)](#)) 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, or 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), and drug addiction and 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 in order to develop and implement the 504 Plan or the IHCP. The school should look in to 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\(m\)](#) and [7 CFR 220.8\(m\)](#)) 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 IDOE [Meal Pattern webpage](#).



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, IDOE 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 [IDOE’s 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.



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 a meal modification. 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 IDOE 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 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, IDOE 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 [IDOE's 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.6 \(b\)](#)) 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.

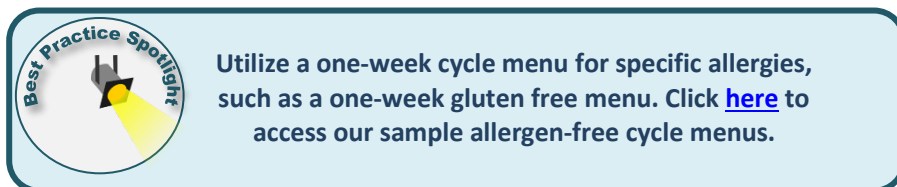
Remember: Requests must be reviewed on a case-by-case basis. Examples of conditions or disabilities that food service see that might require meal modifications include, but are not limited to autism, celiac disease, diabetes, food allergies, food intolerances, such as lactose intolerance and gluten intolerance, 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. Click [here](#) to review our milk fact sheet for more details about milk substitution requests. Whenever possible, it is encouraged for SFAs to offer children with disabilities a variety of options over the school week that is similar to 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.



Carbohydrate Counts

The SFA is responsible for providing a carbohydrate count to the parent or guardian of a diabetic child 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 diabetic students with the carbohydrate counts and rotate that menu each week. Working with the household to see what foods that the diabetic student 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): <http://www.diabetes.org/food-and-fitness/food/what-can-i-eat/understanding-carbohydrates/carbohydrate-counting.html>
- 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>

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 ADA, 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 exercise caution at all times. 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): <http://www.aaaai.org/conditions-and-treatments/school-tools>
- Managing Food Allergies in Schools (CDC): <https://www.cdc.gov/healthyschools/foodallergies/index.htm>



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.

Food 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 ADA, 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>

Gluten Sensitivity

Gluten sensitivity (also called gluten intolerance) is a condition with symptoms similar to 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 ADA, 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 ADA, 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>

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.

Requests for milk vary slightly. Click [here](#) to review our milk fact sheet for more details about milk substitution requests or see our section on milk on page 20.



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):
http://portal.nasn.org/text/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 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>

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>
- Texture Modified Diets (Vanderbilt): <https://www.mc.vanderbilt.edu/documents/cqa/files/Modified%20Diets%20Handouts.pdf>
- Tips on Food Preparation for Ground & Pureed Diets (Damar/IDOE): <https://www.doe.in.gov/sites/default/files/nutrition/modified-textures-tips-preparation.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.

Milk

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. The SFA must provide a substitute. However, it is up to the SFA to determine if they will offer milk substitutes for students due to religious or lifestyle choices.

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 would be acceptable. If an SFA wants to offer "lactose free/reduced 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 juice, water, or 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.

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 states 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.

<u>Milk Substitute Nutrition Standards Nutrient Per Cup (8 Fl. Oz.)</u>	
Calcium – 276 mg	Phosphorus – 222 mg
Protein – 8 g	Potassium – 349 mg
Vitamin A – 500 IU	Riboflavin - .44 mg
Vitamin D – 100 IU	Vitamin B12 -1.1 mcg
Magnesium – 24 mg	

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 fluid 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 IDOE's [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 enable 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, IDOE 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. IDOE 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. In order 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


IDOE 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, IDOE 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.



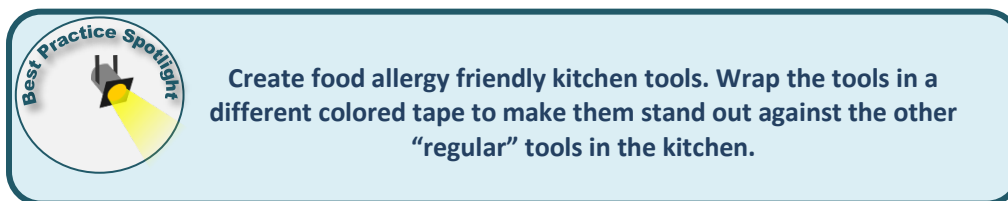
Schools are not required to get an updated medical statement each school year, but it would be best practice to get an updated medical statement at the beginning of each school year, such as during registration or a back to school night. Schools cannot delay the accommodation if they have not received 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:
 - IDOE's [Food Safety Page](#)
 - [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.
 - Take a look at our [Kitchen Hotspots Handout](#) for more places of potential cross-contact.
- 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](#).



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 in to 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's may contain soy.

Policies for Meal Modifications

In addition to the requirements for procedural safeguards and food allergy management plans, IDOE 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. [IDOE's Basic Assessment for Managing Special Dietary Needs in Schools](#) and [the Institute of Child Nutrition's NFSMI Best Practices for Serving Students with Special Food and/or Nutrition Needs in School Nutrition Programs](#) 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.



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 IDOE's [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.

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 child care centers, family day care homes and emergency shelters, and snacks and suppers to children participating in eligible at-risk afterschool care programs. The program also provides meals and snacks to adults who receive care in nonresidential adult day care centers. For more information, see the USDA's [CACFP webpage](#) and IDOE's [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). For more information, see IDOE's [Child Nutrition Programs](#) webpage.

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. For more information, see "a la carte sales" in this section.

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 IDOE's [Crediting webpage](#). For information on crediting foods for preschoolers (ages 1-4), see the section of IDOE's [Preschool Meal Pattern 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 IDOE's [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 fluid 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 IDOE'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 section.

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 IDOE's [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. 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 schools 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 schools or secondary schools. The term also includes any other public or private nonprofit institution or agency having administrative control and direction of a public or private nonprofit elementary school or secondary school, including residential child care institutions, Bureau of Indian Affairs schools, and educational service agencies and consortia of those agencies, as well as the state educational agency in a state or territory in which the state educational agency is the sole educational agency for all public or private nonprofit 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. For an example of a medical statement form, visit IDOE's [Special Dietary Needs webpage](#).

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

noncreditable 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 IDOE's [Offer vs. Serve for School Lunch webpage](#) and [Offer vs Serve for Breakfast 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 Indiana, 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 IDOE to participate in the SSO. SSO meals follow the meal patterns of the NSLP and SBP. For more information, see IDOE's [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 child care institutions. The SBP provides nutritionally balanced, low-cost or free breakfasts to children each school day. The program was established under the Child Nutrition Act of 1966 to ensure that all children have access to a healthy breakfast at school to promote learning readiness and healthy eating behaviors. For more information, see IDOE's [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.

servicing 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 child care 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. For more information, see IDOE's [Special Milk Program webpage](#).

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 IDOE's [Summer Food Service Program webpage](#).

