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# Accommodating Children With Special Dietary Needs

## **Special Dietary Needs**

In recent years, we have seen increasing emphasis on the importance of ensuring children with disabilities have the same opportunities as other children to receive an education and education-related benefits, such as school meals.

Congress first addressed this concern in The Rehabilitation Act of 1973, which prohibits discrimination against qualified persons with disabilities in the programs or activities of any agency of the federal government's executive branch or any organization receiving federal financial assistance.

Subsequently, Congress passed the Education of the Handicapped Act (now, the Individuals with Disabilities Education Act), which requires a free and appropriate public education be provided for children (ages 3 through 21) with disabilities, and the Americans with Disabilities Act, a comprehensive law that broadens and extends civil rights protections for Americans with disabilities.

One effect of these laws has been an increase in the number of children with disabilities who are being educated in regular school programs. In some cases, the disability may prevent the child from eating meals prepared for the general school population.

The U.S. Department of Agriculture's (USDA) nondiscrimination regulation, as well as the regulations governing the National School Lunch Program (NSLP) and School Breakfast Program (SBP), make it clear that substitutions to the regular meal must be made for children who are unable to eat school meals because of their disabilities when that need is certified by a licensed physician.

In most cases, children with disabilities can be accommodated with little extra expense or involvement. The nature of the child's disability, the reason the disability prevents the child from eating the regular school meal and the specific substitutions needed must be specified in a statement signed by a licensed physician.

Often, the substitutions can be made relatively easily. There are situations, however, which may require additional equipment or specific technical training and expertise. When these instances occur, it is important that food service staff and parent(s) be involved at the outset in preparations for the child's entrance into the school.

USDA has developed a guidance to describe some of the factors that must be considered in the early phases of planning and suggests ways in which Child Nutrition Program department staff can interact with other responsible parties in the school and the community at large to serve children with disabilities. This guidance, [Accommodating Children with Special Dietary Needs](http://www.fns.usda.gov/cnd/guidance/default.htm) can be found on the USDA Food and Nutrition Service (FNS) website at: <http://www.fns.usda.gov/cnd/guidance/default.htm>. The guidance is based on the USDA policy, *Meal Substitutions for Medical or Other Special Dietary Reasons*.

Serving children with disabilities presents child nutrition department staff with new challenges as well as rewards. This guidance presents information on how to handle situations that may arise and offers advice about such issues as funding and liability.

## **Definitions of Disability and of Other Special Dietary Needs**

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" is any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment.

The term "physical or mental impairment" includes many diseases and conditions, a few of which may be orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases, such as diabetes or phenylketonuria (PKU); food anaphylaxis (severe food allergy); mental retardation; emotional illness; drug addiction and alcoholism; specific learning disabilities; HIV disease and tuberculosis.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

## **Individuals With Disabilities Education Act**

The *Individuals with Disabilities Education Act* (IDEA) is a federal law that requires each state to ensure that a free appropriate public education (FAPE) is available to all eligible children with disabilities residing in that state. IDEA is designed to improve educational results for all children with disabilities. The *Provisions Related to Children with Disabilities Enrolled by Their Parents in Private Schools* section of IDEA establishes that the private school is obligated to locate, identify, evaluate and spend a proportionate share of IDEA funds for equitable services for children with disabilities enrolled by their parents in private, including religious, elementary

and secondary schools within the school food authority (SFA). IDEA defines a child with a “disability” as one who is evaluated in accordance with IDEA as having one or more of the recognized 13 disability categories and who, by reason thereof, needs special education and related services.

IDEA recognizes the following disability categories that establish a child’s need for special education and related services. These disabilities include: autism; deaf-blindness; deafness or other hearing impairments; mental retardation; orthopedic impairments; other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, tuberculosis; emotional disturbance; specific learning disabilities; speech or language impairment; traumatic brain injury; and visual impairment, including blindness which adversely affects a child’s educational performance; and multiple disabilities.

Attention deficit disorder or attention deficit hyperactivity disorder may fall under one of the above categories. Classification depends upon the particular characteristics associated with the disorder and how the condition manifests itself in the student, which will determine the category.

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

Some states supplement the IEP with a written statement specifically designed to address a student’s nutritional needs. Other states employ a “Health Care Plan” to address the nutritional needs of their students. For ease of reference, the term “IEP” is used to reflect the IEP as well as any written statement designating the required nutrition services.

When nutrition services are required under a child’s IEP, school officials must ensure that child nutrition department staff are involved early in decisions regarding special meals.

### **Physician’s Statement for Children With Disabilities**

USDA regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician.

The physician’s statement must identify:

- The child’s disability;
- An explanation of why the disability restricts the child’s diet;
- The major life activity affected by the disability;

- The food or foods to be omitted from the child’s diet and the food or choice of foods that must be substituted.

### **In Cases of Food Allergy**

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA. **The Child Nutrition department may, but is not required to, make food substitutions for them.**

However, when in the licensed physician’s assessment food allergies may result in severe, life-threatening (anaphylactic) reactions, the child’s condition would meet the definition of “disability,” and the substitutions prescribed by the licensed physician must be made.

### **Other Special Dietary Needs**

The Child Nutrition department may make food substitutions, at their discretion, for individual children who do not have a disability but who are medically certified as having a special medical or dietary need.

Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

For children with special dietary needs, schools must:

- Provide substitutions on a case-by-case basis;
- Maintain the required medical statement in their files;
- Provide the meal or substitution at no additional cost to the child; and

Document substitutions made to meals.

### **Lactose Intolerance**

“Lactose intolerance” describes a difficulty digesting the sugar found in milk and milk foods. Symptoms associated with lactose intolerance may be reduced or eliminated if:

- Small, frequent portions of milk are consumed rather than large portions;
- Milk or milk foods are consumed with other foods; or
- Whole or chocolate milk, yogurt with active cultures, ice cream and aged hard cheeses like cheddar and Swiss are consumed.

If a child requires lactose-reduced milk, the school may provide lactose-reduced/lactose-free milk as a creditable part of a reimbursable meal without additional documentation. If the school serves a meal without milk to a child, they cannot claim reimbursement.

## **Fluid Milk Substitutions in the Child Nutrition Programs**

The final rule, *Fluid Milk Substitutions in the School Nutrition Programs* was published on September 12, 2008. This rule addresses the substitutions of fluid milk for children whose non-disabling allergies, culture, religion or ethical beliefs preclude the consumption of cow's milk. The final rule sets nutrition standards for the nondairy milk substitutes that may be offered as part of the reimbursable meal.

Schools **may** make substitutions for fluid milk for non-disabled students who cannot drink fluid milk due to medical or special dietary need. Medical or special dietary need may include, but is not limited to, lactose intolerance, dairy allergies and/or cultural dietary restrictions.

A medical authority or the student's parent or legal guardian must provide a written request for the fluid milk substitution. The request must identify the medical or other special dietary need that restricts the student's diet.

**Note:** Any expenses incurred when providing substitutions for fluid milk that exceeds NSLP and SBP reimbursement must be paid by the SFA.

An SFA **must** inform TDA if any of its schools choose to offer fluid milk substitutions for non-disabled students. SFAs must submit written notification to TDA via postal service, fax or email of their decision to offer a fluid milk substitution prior to the purchase of the fluid milk substitute.

If the school chooses to provide a substitution to fluid milk for non-disabled students, the offer must remain in effect until the:

- Medical authority or the student's parent/legal guardian revokes the request in writing; or
- School changes its fluid milk substitution policy for non-disabled students (i.e., school chooses to no longer provide fluid milk substitutions for non-disabled students).

The nutrients found in milk are very important to the development and growth of students. A school that chooses to provide substitutions for fluid milk must ensure that the substitution meets specific nutritional standards (unless otherwise stated in an authorized medical authority's written substitution). The non-dairy beverages must provide the nutrients listed in the table below.

<i>Nutrient</i>	<i>Per Cup</i>
Calcium	276 mg
Protein	8 g
Vitamin A	500 IU
Vitamin D	100IU
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	0.44 mg
Vitamin B-12	1.1 mcg

**Note:** Schools can still offer lactose-free milk to a student with a medical or special dietary need, such as lactose intolerance. Lactose-free milk is still allowed as part of a reimbursable meal.

**Note:** If schools do not offer versus serve, they can serve both milk and water, however the school can only claim meals served with milk or a fluid milk substitute meeting the requirements of this section for reimbursement.

Refer to the questions and answers below for additional information.

1. **Question:** What are the main changes prompted by the final rule?

**Answer:** The most significant changes made by the final rule are:

- Allows parents/guardians to request a fluid milk substitute for a child with medical or special dietary needs other than a disability; and
- Establishes nutrient standards for nondairy beverages offered as fluid milk substitutes in the Child Nutrition Programs.

2. **Question:** Does the final fluid milk substitution rule apply to the NSLP, SBP, ASCP and the SSO?

**Answer:** Yes, the milk substitution provision is applicable to all institutions participating in the NSLP, SBP, ASCP and the SSO. If a school or institution chooses to offer a milk substitute for a child with a medical or special dietary need other than a disability, the nondairy product that is offered as part of the reimbursable meal must meet the nutrient standards established by the final rule.

3. **Question:** Is a meal without fluid milk or an acceptable milk substitute reimbursable?

**Answer:** Under Offer vs. Serve, a meal without fluid milk is reimbursable. If there is no Offer vs. Serve, a reimbursable meal must include milk or an acceptable milk substitute as

described in the final rule, except for a student with a disability (in which case the rule does not apply because the school must follow the licensed physician's written statement).

4. **Question:** Must the school offer a milk substitute for a child with a medical or special dietary need at the request of a medical authority or a parent?

**Answer:** No, a school has the discretion to offer a milk substitute as part of the reimbursable meal to a child with a medical or special dietary need other than a disability. However, there is concern about the ability of children making this request to obtain the key nutrients found in fluid milk through Child Nutrition Programs. TDA encourages schools to try to meet the dietary needs of these children by offering a nondairy beverage that meets the nutrition requirements of milk substitutes noted above. If the school chooses to do so, it must accept a written request from a medical authority or a parent/legal guardian.

5. **Question:** Must a school comply with a statement from a licensed physician or a medical authority indicating that a specific beverage (e.g., juice) must be provided in place of milk to a child with a medical or special dietary need other than a disability?

**Answer:** No, a school needs to comply with a statement from a licensed physician only when a milk substitution is necessary due to a disability. When the milk substitution request is due to a medical or special dietary need other than a disability, the school may choose whether to accommodate the student and provide the nondairy beverage(s).

6. **Question:** If a school chooses to offer milk substitutes for children with medical or special dietary needs, may it only accept written requests from medical authorities?

**Answer:** No, the school does not have the option to refuse a parent's request. Regulations allow a statement from the parent/guardian, as well as a medical authority.

7. **Question:** What type of documentation must be submitted to the school to request a milk substitute for a child with a medical or special dietary need other than a disability?

**Answer:** The written request from the medical authority or the parent/guardian must identify the student's medical or other special dietary need that precludes the consumption of cow's milk. No other information is required.

8. **Question:** Do the regulations prohibit a school food service operation from offering children with medical or special dietary needs a milk substitute that does not meet the nutrient standards in the Final Rule?

**Answer:** The final milk substitution rule addresses the substitution of milk as part of the reimbursable school meal. However, if a meal includes a milk substitute that does not meet the requirements of the rule (e.g., juice) no reimbursement would be provided for that meal.

9. **Question:** Is it necessary to offer a choice of acceptable milk substitutes?

**Answer:** No, a school may offer one or more acceptable milk substitutes for children with medical or special dietary needs.

10. **Question:** What are the acceptable reasons for requesting a milk substitute for a student who does not have a recognized disability?

**Answer:** The National School Lunch Act does not specify the medical or special dietary needs that are covered by the milk substitution provision. Any reasonable request could be accepted. For example, a request due to a milk allergy, vegan diet, as well as religious, cultural or ethical reasons would be acceptable and could be accommodated. If a request only states that a child does not like milk, the student can be offered flavored milk instead of a milk substitute that meets the requirements of the rule.

11. **Question:** Should lactose-free milk always be the substitute for a non-disabled student with lactose intolerance, even if the written statement indicates that water or juice should be provided?

**Answer:** Water or juice can no longer be offered as a fluid milk substitute for a student with medical or special dietary needs. For practical reasons, lactose-free milk should be the first choice for a student who has lactose intolerance. Lactose-free milk provides the same key nutrients found in regular cow's milk and is readily available nationwide. Furthermore, USDA Food and Nutrition Service (FNS) allows lactose-free milk to be provided as part of the reimbursable meal without documentation. A nondairy beverage meeting the requirements of the milk substitution rule could also be provided, but it is not necessary.

12. **Question:** Is water an allowable substitute for milk and does it need to be fortified?

**Answer:** Water is not considered an acceptable substitute for fluid milk. Only a beverage meeting the nutrient standards at levels specified above may be substituted for fluid milk.

13. **Question:** May a school decline to offer an acceptable milk substitute to children with medical or special dietary needs, other than disabilities, due to cost?

**Answer:** Yes, a school has the choice to accommodate a milk substitution request from a child with medical or special dietary needs other than a disability. However, the NSLP and SBP seek to safeguard the well being of all children, including those with special needs. TDA

believes that accommodating the medical or special dietary needs of children helps to maintain student participation in the Child Nutrition Programs. Because milk substitution requests are granted on a case-by-case basis and a school selects the acceptable nondairy beverage(s), TDA anticipates that in most cases the substitution could be accommodated without undue financial hardship. However, in some situations, cost may be a legitimate reason for declining to offer a milk substitute to a child with a medical or special dietary need.

14. **Question:** May a school claim a meal that includes four food components (other than fluid milk) and beverages brought from home, as indicated by a medical authority or a licensed physician?

**Answer:** Under Offer vs. Serve, a meal without fluid milk can be reimbursable. If there is no Offer vs. Serve, a reimbursable meal for a child with a medical or special dietary need must include milk or an acceptable milk substitute provided by the school as part of a reimbursable meal. If the school does not offer an acceptable milk substitute for students without disabilities, the student has to take the fluid milk for the meal to be reimbursable.

If the student has a disability, the school can omit or substitute fluid milk based on the written statement from a licensed physician. For a student with a recognized disability, the meal may consist of only four components and a beverage from home, if so prescribed by a licensed physician.

15. **Question:** Does a school have to accept milk substitution requests even if it is not offering a milk substitution for children with medical or special dietary needs?

**Answer:** If a school has decided not to offer a milk substitution for students with medical or special dietary needs, it should communicate this decision to all households at the beginning of the school year to minimize the number of written requests. TDA does not expect schools to keep documentation of non-disability milk substitution requests that are not being implemented.

16. **Question:** Can an SFA continue to honor milk substitution requests for children without disabilities that we approved prior to the publishing of the rule and, thus, offer juice in place of fluid milk?

**Answer:** No. In school year (SY) 2008-2009, FNS temporarily allowed SFAs to honor accommodations granted under previous meal variation regulations because at that time there were no acceptable milk substitutions in the market. Some acceptable products are currently available. Therefore, beginning in SY 2009-2010, SFAs that wish to offer a milk substitute for a student with a medical or special dietary need other than a disability must offer a beverage that meets the nutrient standards established in the final rule. The rule does

not restrict the ability of schools to continue offering lactose-free milk as part of the reimbursable meal for children who have lactose intolerance.

17. **Question:** How can a school determine what products meet the requirements of the final rule?

**Answer:** Because the Nutrition Facts Label on food products does not list all the required nutrients, the food service operation needs to request documentation from the product manufacturer to confirm the presence of all required nutrients at the proper level. SFAs needing guidance or assistance with product selection should contact TDA at (888) TEX-KIDS.

18. **Question:** Does USDA maintain a list of acceptable products?

**Answer:** No. SFAs are responsible for selecting and purchasing food products to be offered as part of the Child Nutrition Programs. USDA does not evaluate, approve or endorse any nondairy beverage intended to be offered as a milk substitute. It is understood that the availability of products meeting the nutrient standards in the rule varies across the country. SFAs may contact TDA to identify acceptable products or potential manufacturers.

19. **Question:** Are the milk substitution requirements for the NSLP and WIC food package the same?

**Answer:** Yes, the required nutrient standards are the same. Other requirements in the milk substitution rule, such as the written substitution request, do not apply to WIC.

20. **Question:** Is FNS Instruction 783-2, Rev. 2, *Meal Substitutions for Medical or Other Special Dietary Reasons* still valid?

**Answer:** Yes. The Instruction, issued on October 14, 1994, is still current and applies to meal variations for children with and without disabilities. The milk substitution final rule established additional requirements that only apply to fluid milk substitutions for children without disabilities.

21. **Question:** May a school serve organic milk with a label indicating it was produced from cows not treated with hormones?

**Answer:** Yes. Schools may routinely offer all students organic milk or milk with a label indicating it was produced from cows not treated with hormones. The requirement is for fluid milk, and milk labeled in this manner would meet the requirement.

22. **Question:** Must a school honor a request to substitute milk with organic milk or milk with a label indicating it was produced from cows not treated with hormones?

**Answer:** No. The choice to purchase milk labeled in this manner is at the discretion of the school.

**Note:** Lactose free milk is not considered a milk substitute because it meets the definition of fluid milk. Lactose free milk is listed in the *Food Buying Guide for Child Nutrition Programs* and may be offered any time to students and claimed as part of a reimbursable meal.

## School Issues

The Child Nutrition Program, like the other programs in the school, is responsible for ensuring that its benefits (meals) are made available to all children, including children with disabilities. This raises questions in a number of areas:

- What are the responsibilities of child nutrition department?
- Where can additional funds be obtained?
- Who can provide more information and technical assistance?

## Child Nutrition Department Responsibilities

- The Child Nutrition Program department must make food substitutions or modifications for students with disabilities.
- Substitutions or modifications for children with disabilities must be based on a prescription written by a licensed physician.
- The Child Nutrition department is encouraged, but not required, to provide food substitutions or modifications for children without disabilities but with medically certified special dietary needs that are unable to eat regular meals as prepared.
- Substitutions for children without disabilities but with medically certified special dietary needs must be based on a statement by a recognized medical authority.
- Under no circumstances is the Child Nutrition department to revise or change a diet prescription or medical order.
- For USDA's basic guidelines on meal substitutions and accessibility, see the USDA guidance, [Accommodating Children with Special Dietary Needs](#)
- It is important that all recommendations for accommodations or changes to existing diet orders be documented in writing to protect the school and minimize misunderstandings. Schools should retain copies of special, non-meal pattern diets on file for reviews.
- The diet orders do not need to be renewed on a yearly basis; however, schools are encouraged to ensure that the diet orders reflect the current dietary needs of the child.

## Providing Special Meals to Children With Disabilities

The Child Nutrition department is required to offer special meals, at no additional cost, to children whose disability restricts their diet as defined in USDA's nondiscrimination regulations.

- If a child's IEP includes a nutrition component, the school should ensure that the Child Nutrition department is are involved early in decisions regarding special meals or modifications.
- The Child Nutrition department is not required to provide meal services to children with disabilities when the meal service is not normally available to the general student body, unless a meal service is required under the child's IEP.

For example, if an SBP is not offered, the Child Nutrition department is not required to provide breakfast to the child with a disability, unless this is specified in the child's IEP.

However, if a student is receiving special education and has an IEP and the IEP indicates that the child needs to be served breakfast at school, then the school is required to provide this meal to the child and may choose to have the Child Nutrition department handle the responsibility. This is discussed in more detail in Situation 2 at the end of this section.

### **Menu Modifications for Children With Disabilities**

Children with disabilities who require changes to the basic meal (such as special supplements or substitutions) are required to provide documentation with accompanying instructions from a licensed physician.

This is required to ensure that the modified meal is reimbursable and to ensure that any meal modifications meet nutrition standards that are medically appropriate for the child.

### **Texture Modifications for Children With Disabilities**

For children with disabilities who require modifications in texture (such as chopped, ground or pureed foods), a licensed physician's written instructions indicating the appropriate food texture is recommended but not required.

However, the SFA may apply stricter guidelines and require that the school keep on file a licensed physician's statement concerning needed modifications in food texture.

- In order to minimize the chance of misunderstandings, it is recommended that the Child Nutrition department, at a minimum, maintain written instructions or guidance from a licensed physician regarding the texture modifications to be made. For children receiving special education, the texture modification should be included in the IEP.
- The Child Nutrition Programs staff must follow the instructions that have been prescribed by the licensed physician.

### **Serving the Special Dietary Needs of Children Without Disabilities**

Children without disabilities but with special dietary needs requiring food substitutions or modifications may request that the Child Nutrition department meet their special nutrition needs.

- The SFA will decide these situations on a case-by-case basis. Documentation with accompanying information must be provided by a recognized medical authority.
- While SFAs are encouraged to consult with recognized medical authorities where appropriate, schools are not required to make meal modifications based on food choices of a family or child regarding a healthful diet.

## **Funding Sources**

### **Price of Meals**

Meals must be served free or at a reduced price (a maximum of 40 cents for lunch, 30 cents for breakfast and 15 cents for snacks) to children who qualify for these benefits regardless of whether or not they have a disability.

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

### **Incurring Additional Expenses**

In most cases, children with disabilities can be accommodated with little extra expense or involvement. If additional expenses are incurred in providing food substitutions or modifications for children with special needs, generally the SFA should be able to absorb the cost of making meal modifications or paying for the services of a registered dietitian.

When the Child Nutrition department has difficulty covering the additional cost, the SFA's general fund may be used.

Any additional funding received by the Child Nutrition department for costs incurred in providing special meals must accrue to the nonprofit Child Nutrition account.

## **Legal Concerns and Liability in Working with Children With Disabilities**

A growing body of federal law clearly intends that children with disabilities have the same rights and privileges and the same access to benefits, such as school meals, as children without disabilities. Consequently, schools that do not make appropriate program accommodations for children with disabilities could be found in violation of federal civil rights laws.

School administrators and Child Nutrition Program staff should be aware of two issues involving liability: (1) the school's responsibility for providing program accommodations for children with disabilities and (2) the question of personal responsibility in cases of negligence.

## **School Responsibility to Make Accommodations**

### ***Section 504 Rehabilitation Act of 1973***

Section 504 of the *Rehabilitation Act of 1973* specifically mandates that:

“No otherwise qualified individual with a disability shall solely by reason of his or her disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

This mandate is incorporated in USDA’s nondiscrimination regulations.

### ***Individuals With Disabilities Education Act***

Part B of the *Individuals with Disabilities Education Act (IDEA)* assists states and SFAs in making a “free appropriate public education” available to eligible students.

Under IDEA, a “free appropriate public education” means special education and related services provided under public supervision and direction in conformity with an individualized education program (IEP) at no cost to parents.

In appropriate situations, nutrition services could be considered “special education” (specially designed instruction) or a “related service,” (support services required to assist a child with a disability to benefit from special education).

### **Title II Americans with Disabilities Act**

Title II of the *Americans with Disabilities Act (ADA)*, enacted in 1990, requires equal availability and accessibility in state and local government programs and services, including public schools, private schools and residential child care institutions (RCCIs).

In this respect, the ADA underscores the statutory prohibition of Section 504 of the Rehabilitation Act of 1973, against discrimination on the basis of disability by programs receiving federal funding, such as reimbursement under the NSLP and SBP.

Title II of the ADA does not impose any major new requirements on SFAs because the requirements of Title II and Section 504 are similar. Virtually all SFAs receive federal financial assistance and have been required to comply with Section 504 for many years.

## **Personal Responsibility in Cases of Negligence**

In order to accommodate a child with a disability, the school must ensure that both facilities and personnel are adequate to provide necessary services.

In some cases, it may be advisable for specially trained personnel, such as a registered dietitian, to provide guidance to the Child Nutrition department staff on how to modify a child's meals to comply with requirements as provided in the licensed physician's statement.

Moreover, for certain children with disabilities, it may be necessary to have a nurse or trained health aide feed the child or have a specially trained professional, such as a special education teacher, occupational therapist, or speech therapist, assist the child to develop and improve his or her eating skills.

### **Administering Feedings**

For children requiring assistance in eating, the determination of who will feed the child is a local school decision.

While the Child Nutrition department is specifically responsible for providing the necessary foods needed by a child with a disability, it is not the specific responsibility of the Child Nutrition Program staff to physically feed the child.

Furthermore, schools should be aware that they could be held liable if persons without sufficient training are performing tasks or activities, such as developing or modifying a diet order prescribed by a licensed physician or administering tube feedings.

### **Diet Orders**

If Child Nutrition department staff have questions about the diet order, the prescribed meal substitutions, or any other modifications that are required, the child's physician and/or a registered/licensed dietitian should be consulted. If the Child Nutrition director cannot obtain local level assistance, the Texas Department of Agriculture (TDA) should be consulted for technical assistance.

Under no circumstances should the Child Nutrition department staff diagnose health conditions, perform a nutritional assessment, prescribe nutritional requirements, or interpret, revise or change a diet order.

### **Negligence**

If a mishap should occur, personal liability would normally depend on whether or not the person responsible for the feeding has been negligent.

In these cases, a determination that a person acted negligently would be made on the basis of state laws and the facts in the individual situation.

In general, negligence occurs when a person fails to exercise the care expected of a prudent person. Persons involved with special feeding operations should, therefore, make sure that they thoroughly understand the required procedures and techniques and are careful to follow

instructions.

For specific guidance concerning personal liability, the school officials should contact state or local legal counsel.

## **Situations and Responses**

In order to provide some practical guidelines, this section discusses several situations which are relatively common and which have raised questions in the past. These examples have been included because they illustrate certain principles and give general direction on what schools and institutions must do under the law. In all situations where a student's IEP indicates nutritional requirements or components, schools must make these accommodations.

Remember that circumstances vary from case to case. Schools should not automatically assume the responses given in this section would always apply. When an actual situation occurs that has elements different from those discussed here, TDA should be consulted for guidance.

The examples in this section have been grouped under the following topics:

- Meals and/or foods outside of the normal meal service;
- Special needs that may or may not involve disabilities;
- Responsibilities of food service management companies and other Child Nutrition Program operations;
- Feeding in separate facilities — generally not acceptable;
- Temporary disabilities;
- Complicated feedings;
- Child Nutrition account; and
- Documentation.

### **Meals and/or Foods Outside of the Normal Meal Service**

#### *Situation 1:*

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

#### *Response:*

No. 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.

In this example, the Child Nutrition department would be required to provide (and pay for) cranberry juice as part of the regular reimbursable breakfast, lunch and/or snack service. However, the Child Nutrition department would not be required to pay for other servings

throughout the school day unless specified in the Individualized Education Plan (IEP).

It must be recognized that there will be exceptions to this general rule. For example, RCCIs, such as juvenile correction facilities, may be required to provide additional foods or servings since the child would have no other recourse for meals. It must be stressed that such accommodation would depend on the specific circumstances of each case and, in any event, would go beyond obligations under the Child Nutrition Programs.

In general, additional servings beyond what is required under the program meal may, but need not, be charged to the nonprofit Child Nutrition account.

*Situation 2:*

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

*Response:*

As noted above, the Child Nutrition department is not required to provide services and meals to children with disabilities that are not otherwise available to children who are not disabled. If the school does not have a breakfast program already, it does not need to initiate a program exclusively for children with disabilities.

However, if the IEP requires that a child receive a breakfast at school, the school must provide the service and may choose to have the Child Nutrition department handle the responsibility.

*Situation 3:*

A licensed physician has prescribed portion sizes that exceed the minimum quantity requirements set forth in the regulations. Is the school required to provide these additional quantities?

*Response:*

Yes. The school must provide the child food portions that exceed the minimum quantity requirements if specifically prescribed in the licensed physician's statement.

## **Special Needs Which May or May Not Involve Disabilities**

*Situation 4:*

A child has a life threatening allergy that causes an anaphylactic reaction to peanuts. The slightest contact with peanuts or peanut derivatives, usually peanut oil, could be fatal. To what lengths must the Child Nutrition department go to accommodate the child? Is it sufficient for the Child Nutrition department to merely avoid obvious foods, such as peanut butter, or must Child Nutrition staff research every ingredient and additive in processed foods or regularly

post all of the ingredients used in recipes?

*Response:*

The school has the responsibility to provide a safe, non-allergic meal to the child if it is determined that the condition is disabling. To do so, Child Nutrition department staff must make sure that all food items offered to the allergic child meet prescribed guidelines and are free of foods that are suspected of causing the allergic reaction.

This means that the food labels or specifications will need to be checked to ensure they do not contain traces of such substances. In some cases, the labels will provide enough information to make a reasonable judgment possible. If they do not provide enough information, it is the responsibility of the Child Nutrition department to obtain the necessary information to ensure that no allergic substances are present in the foods served.

In some cases, it may be necessary to contact the supplier or the manufacturer. Private organizations, such as the Food Allergy and Anaphylaxis Network, may also be consulted for information and advice. The Food Allergy and Anaphylaxis Network can be contacted at 1-800-929-4040 or [www.foodallergy.org](http://www.foodallergy.org). It is also wise to check with parents about certain foods and even provide them with advance copies of menus.

The general rule in these situations is to exercise caution at all times. Do not serve foods to children at risk for anaphylactic reactions if you do not know what is in those foods. It is important to recognize that a child may be provided a meal, which is equivalent to the meal served to other children, but not necessarily the same meal.

Sometimes, it will be advisable to prepare a separate meal “from scratch” using ingredients that are allowed on the special diet rather than serving a meal using processed foods.

*Situation 5:*

A child has a health condition that does not meet the definition of “disability” set forth in the legislation and regulations. For example, the child is overweight (but not “morbidly” so) or the child has elevated blood cholesterol. Is the school obligated to accommodate the special dietary needs of this child?

*Response:*

The school may make substitutions for children who are not considered to be disabled but who should avoid certain foods. However, the school is not required to do so. When the school does elect to accommodate children without disabilities, it must have a supporting statement signed by a recognized medical authority on file.

In most cases, the dietary needs of such children can be accommodated at the school site and institutions where a variety of nutritious foods are available for individual choice. In addition,

the “offer versus serve” provision, which allows students the option to decline one or two foods in the normal (reimbursable) school meal, may be of assistance in accommodating an individual’s particular diet.

*Situation 6:*

A child’s parents have requested that the school prepare a strict vegetarian diet for their child based on a statement from a health food store “nutrition advisor” who is not a licensed physician. Must the school comply with this request?

*Response:*

No. The school is responsible only for accommodating those conditions meeting the definition of disability as described by USDA. Schools are not required to make food substitutions based on food choices of a family or child regarding a healthful diet.

## **Responsibilities of Food Service Management Companies (FSMC) and Other Child Nutrition Program Operations**

*Situation 7:*

An SFA has contracted with a FSMC to operate the Child Nutrition Programs. Is the FSMC obligated to accommodate children with disabilities?

*Response:*

Yes. The school is always required to ensure that any benefits available for the general school population are equally available to children with disabilities. Consequently, accommodations for these children must be made regardless of whether the SFA operates the Child Nutrition Program itself or contracts with an FSMC to do so.

However, as a procurement issue, accommodations for children with disabilities must be included in the contract. SFAs that do not have any need for special dietary accommodations at the time a FSMC bid is prepared should still include sufficient information in the bid to ensure that the FSMC is aware that dietary accommodations may be required during the term of the contract.

*Situation 8:*

Some schools purchase items from nationally recognized fast-food chains and sell these items on an “a la carte” basis. These items are frequently sold in a setting such as a kiosk that uses the chain’s logo or otherwise advertises the product. What obligation, if any, does the fast-food chain have to provide alternative meals?

*Response:*

When the school purchases and sells the product itself, the fast-food chain incurs no more obligations than any other wholesaler or retailer of food products. Consequently, it is important

that parents, Child Nutrition department staff and other involved school personnel identify and discuss the particular needs of children with special needs and take steps to ensure such children, especially very young children, do not purchase “a la carte” items that can be harmful to them.

Technically, food items sold strictly on an “a la carte” basis are not part of a reimbursable meal. The food items are not subject to NSLP and SBP regulations as long as they do not belong to any of the categories of foods of minimal nutritional value. The fast-food chain may not be under the obligation to provide alternate food items, unless this is explicitly stated in its contract to vend food items to the school.

However, schools would be well advised to obtain from the food chain or vendor(s) specific information on the ingredients in the food products purchased, particularly if there are children diagnosed at risk of severe food allergies who are participating in the food service. Furthermore, the school may want to consider including such product information as a specification in its contract with the chain or vendor.

### **Feeding in Separate Facilities—Generally Not Acceptable**

#### *Situation 9:*

A school wishes to serve meals to children with disabilities in an area separate from the cafeteria where the majority of school children eat. May the school establish a separate facility for these children?

#### *Response:*

Federal civil rights legislation, including Section 504 of the *Rehabilitation Act of 1973*, IDEA and Title II of the ADA, requires that in providing for or arranging for the provision of nonacademic services and extracurricular activities, including meals, SFAs must ensure that students with disabilities participate along with children without disabilities to the maximum extent appropriate to the needs of students with disabilities.

In general, children with disabilities must be allowed to participate with other children to the maximum extent appropriate. In this way, the child has the opportunity to interact with and learn from children without disabilities. The school must not segregate children with disabilities on the basis of convenience to the school or to other children.

In rare instances, however, it may be to a child’s benefit to be served separately. For instance, a child with severe motor disabilities may be able to receive individualized attention in handling eating utensils if a special education specialist is able to work with them outside the cafeteria.

Nevertheless, it must be emphasized that 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. Schools cannot segregate children with disabilities based on the convenience of the school or other children.

## **Temporary Disabilities**

### *Situation 10:*

A child was involved in an accident and underwent major oral surgery. As a result, the child will be unable to consume food for a period of time unless the texture is modified. Is the school obligated to make this accommodation even though the child will not be permanently disabled?

### *Response:*

A child's whose disability restricts their diet must be provided substitutions or modifications to foods regardless of the duration of the disability.

## **Complicated Feedings**

### *Situation 11:*

A child enrolled in the school will require tube feedings. Is the Child Nutrition department only required to pay for and provide the food or are the costs for the school nurse, an aide or a specially trained professional to administer the feeding also assigned to the Child Nutrition department?

### *Response:*

It must be emphasized that the overall responsibility for accommodating children with disabilities rests with the SFA. The SFA administration is responsible for allocating the SFA's costs of accommodating children with disabilities and for deciding which personnel will work with individual children.

In most instances involving food substitutions, the Child Nutrition account will be used to pay the cost of special food and food preparation equipment, and foodservice 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 Child Nutrition department to purchase a blender or food processor and to have the meal prepared by the Child Nutrition department staff.

In the case of more delicate operations, such as tube feeding, it is advisable that commercial nutritive formulas, prescribed by a licensed physician and specially designed for tube feedings, be used rather than a school blenderized formula, which 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 special trained aides who regularly work with the child.

Special labor costs may be covered through special education funds if the child has an IEP. If the child does not have an IEP, these costs may, as appropriate, be charged in part to the Child Nutrition nonprofit food service account or may be assigned to the school district's general fund or to other funding sources.

*Situation 12:*

A child with a disability is on a number of medications. The physician's statement is well defined and includes menus with specific foods. If a situation arises where specific foods are out of stock, should the Child Nutrition department make substitutions on an "as necessary" basis?

*Response:*

No. Child Nutrition department staff cannot decide what substitutions are appropriate for a given child. Child Nutrition department staff should not choose the substitutions themselves because a child may be on a specific medication, which could interact in a negative way with a particular food item. Ideally, a list of appropriate substitutions should accompany the menus and the foods should be on hand on a regular basis. If such a list is not available, Child Nutrition department staff must ask parents to obtain from the child's physician (or the individual who planned the child's menus) a list of those foods that may be substituted.

## **Child Nutrition Account**

*Situation 13:*

A child with a disability needs to consume six cans of a nutritional supplement during the school day: two cans at breakfast, one can as a midmorning snack, two cans at lunch and one can as a mid-afternoon snack. The cost of the breakfast and lunch supplements is allowable Child Nutrition Program expenses. If the school chooses to offer the additional supplement at the mid-morning and mid-afternoon snack period, are these allowable costs to the Child Nutrition account?

*Response:*

Yes. While it is not required that these costs be charged to the nonprofit school food service account, these supplements are a legitimate charge to the Child Nutrition Program account.

*Situation 14:*

A child with a disability requires the services of the school nurse for assistance in feeding at lunch. Can the Child Nutrition account be billed for the services of non-Child Nutrition department personnel, such as the school nurse or special aide who may be assisting in the feeding of the child or other nutrition-related activity?

*Response:*

Yes. The services of any personnel necessary to the Child Nutrition department can be paid by the Child Nutrition account on a pro rata basis. It must be emphasized, however, that the Child

Nutrition account may only pay for the amount of time that the person actually spends on activities related to the Child Nutrition Programs. If a school nurse spends one hour per day feeding a child with a special need, then only that portion of his/her salary can be charged to the Child Nutrition account, not the entire salary. If the child is receiving special education and the child's IEP includes a nutrition or feeding component, special education funds may be available to the school to provide required services for the child.

## **Documentation**

### *Situation 15:*

The physician's statement only specifies the medical disability not the required food substitutions. What should the Child Nutrition director do?

### *Response:*

An appropriate school official (such as the Child Nutrition director, Child Nutrition manager or school nurse) must ask parents to obtain more written information from the physician concerning the substitutions or modifications the child requires. If difficulties arise in obtaining the needed information, the parent(s) should be advised of the problem and asked to work with the school to obtain a complete medical statement for the child. It is important that the family understand that the school is unable to provide food substitutions or modifications without an adequate diet order or diet prescription.

In some cases, it may be appropriate and helpful for the physician to provide a written referral to a registered dietitian or other qualified professional for diet substitutions. For further guidance or referral to a registered dietitian, Child Nutrition directors may contact TDA.

## **Allowing Variations for Religious Reasons**

### **Jewish Schools and RCCIs**

Jewish schools and RCCIs participating in the NSLP and/or SBP may request approval for variations in the food components of meals served when there is evidence that such variations are:

- Nutritionally sound; and
- Necessary to meet ethnic, religious, economic or physical needs.

Contact TDA for approval at (888) TEX-MEAL (839-6325).

Meals served may be exempted from the enrichment portion of the bread requirement and may substitute unenriched matzo for the bread requirement during the religious observance of Passover. Enriched matzo used as a bread/bread alternate must be served at all other times during the year.

In addition, these types of facilities may be exempted from the meal pattern requirement that milk be served with all lunches and suppers. This exemption applies only to meals serving meat or poultry, since Jewish Dietary Law allows milk to be served with meat alternates, such as fish, cheese, eggs, nut and seed butter, and nuts and seeds.

Schools and RCCIs seeking the milk exemption must choose a substitution from the following two options and maintain in their files a record of the option they have chosen.

### **Option I**

Serve an equal amount of full-strength juice in place of milk with lunch. Juice substituted for milk may not contribute to the vegetable/fruit requirement.

If the school operates five days a week, it may substitute juice for milk twice per week for lunches but with only **one** substitution per day.

If the school operates seven days a week, it may substitute juice for milk three times per week for lunches but with only **one** substitution per day.

Milk substitutions are limited since milk is a primary source of calcium and riboflavin. When using Option I, serve other good sources of calcium (green leafy vegetables such as broccoli and greens) and riboflavin (dark green and yellow fruits and vegetables and whole-grain or enriched breads and cereals).

### **Option II**

Serve milk at an appropriate time before or after the meal service period, in accordance with applicable Jewish Dietary Law.

Schools/RCCIs wishing to exercise the available options must notify TDA. The decision to exercise the above options shall be determined at the school level.

## **Seventh Day Adventist Schools and RCCIs**

Seventh-Day Adventist schools and RCCIs participating in the NSLP and/or SBP may use meat analogues (plant protein products) at the 100 percent level to meet the meat/meat alternate component and quantity requirements for breakfasts and lunches.

Meat analogues are nutritionally comparable to and acceptable as meat alternates. They are foods of plant origin, usually soy and wheat, which are made to resemble meat, poultry and fish in appearance, texture, and flavor.

The following chart includes food buying guide information for Seventh-Day Adventist schools. The chart provides guidance to assist Seventh-Day Adventist entities in:

- Determining contributions the meat analogues listed make to the meat/meat alternate component, and
- Purchasing the correct quantities of these products for the number of children to be served.

If a school/RCCI plans to use this option for reimbursable meals, they must notify TDA before doing so.

**FOOD BUYING GUIDE INFORMATION FOR SEVENTH-DAY  
ADVENTIST SCHOOLS AND INSTITUTIONS**

1. Food as purchased	2. Purchase unit	3. Servings per purchase unit	4. Serving or portion and contribution to the meal requirement	5. Purchase units for 100 servings	6. Additional information
MEAT ANALOGUES					
WORTHINGTON FOODS					
CANNED ITEMS					
Natural Touch Taco Mix	3.25 oz package	16	1 Tbsp. reconstituted	6.3	
Granburger, dry	10 oz carton	25	2 Tbsp. dry (11 g or .39 oz)	4.0	
Granburger, dry	20 pound carton	825	2 Tbsp. dry (11 g or .39 oz)	.12	
Diced Chik	13 oz can	3	1/3 cup (about 2.5 oz)	33.3	
Chili	20 oz can	8	1/3 cup (about 2.5 oz)	12.5	
Chili	50 oz can	20	1/3 cup (about 2.5 oz)	5	
Choplets	20 oz can	8	1 slice (about 1.5 oz)	12.5	
Country Stew	19 oz can	3	1/3 can (about 6 oz)	33.3	
Multigrain Cutlets	20 oz can	8	1 slice (about 1.5 oz)	12.5	
Vegetarian Cutlets	50 oz can	30	1/2 slice (about 1 oz)	3.3	
Fri Chik	13 oz can	5	1 piece (about 45 g)	20	
Fri Chik	42 oz can	16	1 piece (about 45 g)	6.3	

1. Food as purchased	2. Purchase unit	3. Servings per purchase unit	4. Serving or portion and contribution to the meal requirement	5. Purchase units for 100 servings	6. Additional information
Natural Touch Vegetarian Chili	20 oz can	6	1/3 cup (about 2.5 oz)	16.7	
Non Meat Balls	19 oz can	6	2 meatballs (about 1.2 oz)	16.7	
Numete	19 oz can	12	1.5 oz	8.3	
Prime Stakes	13 oz can	8	1/2 slice (about 1.5 oz)	12.5	
Prime Stakes	47 oz can	24	1/2 slice (about 1.5 oz)	4.2	
Protose	20 oz can	20	1 oz	5	
Saucettes	19 oz can	10	1 link (about 1 oz)	10	
Savory Slices	13 oz can	5.3	1 1/2 slices (about 1.5 oz)	18.9	
Super Links	19 oz can	8	1 link (about 1.5 oz)	12.5	
Turkee Slices	13 oz can	5.3	1 1/2 slices (about 1.5 oz)	18.9	
Vegetarian Burger	20 oz can	20	1 oz	5	
Vegetarian Burger	50 oz can	50	1 oz	2	
VegetarMian Burger, no salt	20 oz can	13.3	1.5 oz	7.5	
Vegetable Skallops	20 oz can	12.2	1 oz	8.2	
Vegetable Skallops	50 oz can	30	1 oz	3.3	
Vegetable Skallops, no salt	20 oz can	12.2	1 oz	8.2	
Vegetable Steaks	20 oz can	10	1 piece (about 36 g)	10	
Vejalinks	19 oz can	6.7	1.5 links (about 1.5 oz)	15	
FROZEN ITEMS					
Meatless Beef Style Roll	72 oz roll	57.6	1.25	1.7	
Meatless Smoked Beef Roll	72 oz roll	72	1 oz	1.4	

1. Food as purchased	2. Purchase unit	3. Servings per purchase unit	4. Serving or portion and contribution to the meal requirement	5. Purchase units for 100 servings	6. Additional information
Beef Pie, Vegetarian	1 pie	1	1 pie (about 8 oz)	100	
Bolono Slices	8 oz carton	6	2 slices (about 1.4 oz)	16.7	
Bolono Roll	72 oz roll	57.6	1.25 oz	1.7	
Chicken Pie, Vegetarian	1 pie	1	1 pie (about 8 oz)	100	
Chicken, Meatless Diced	5 pound bag	64	1.25 oz	1.6	
Meatless Chicken Slices	8 oz package	5.3	1.5 slices (about 1.5 oz)	18.9	
Meatless Chicken Slices	16 oz package	10.7	1.5 slices (about 1.5 oz)	9.4	
Chic-Ketts	1 pound roll	16	1 oz	6.3	
Chic-Ketts	56 oz roll	56	1 oz	1.8	
Chik Sticks	10 oz carton	10	1 oz	10	
Chik Sticks	15 pound carton	240	1 oz	.4	
Meatless Corn Beef	8 oz carton	5.3	3 slices (about 1.5 oz)	18.9	
Meatless Corn Beef	16 oz carton	10.7	3 slices (about 1.5 oz)	9.4	
Crispy Chik	12 oz package	8	1.5 oz	12.5	
Crispy Chik Patties	10 oz package	4	1 patty (about 2.4 oz)	25	
Dinner Roast	2 pound package	21.3	1.5 oz	4.7	
Dixie Dogs	10 oz carton	4	1 Dixie Dog	25	
Vegetarian Egg Rolls	15 oz carton	5	1 egg roll	20	
Fillets, Vegetarian	9 oz carton	6	1 fillet (about 1.5 oz)	16.7	
Fripats	9 oz carton	8	½ patty (about 1 oz)	12.5	

1. Food as purchased	2. Purchase unit	3. Servings per purchase unit	4. Serving or portion and contribution to the meal requirement	5. Purchase units for 100 servings	6. Additional information
Golden Croquettes	15 oz carton	12	1/3 croquette (about 1.25 oz)	8.3	
Harvest Bake Lentil Rice Loaf	16 oz carton	6	1/6 loaf (about 2.5 oz)	16.7	
Leanies	12 3/4 oz carton	9	1 link (about 1.3 oz)	11.1	
Leanies, bulk pack	14 pound carton	150	1 link (about 1.3 oz)	.7	
Natural Touch Dinner Entrée	9 oz carton	6	½ patty (about 1.5 oz)	16.7	
Prosage	1 pound roll	13	1 slice (about 3/8")	7.7	
Prosage Link	8 oz carton	6.7	1.5 link (about 1.2 oz)	15	
Prosage Link, bulk pack	19.5 pound carton	260	1.5 link (about 1.2 oz)	.4	
Okara Patties	9 oz carton	8	½ patty (about 1 oz)	12.5	
Prosage Patties	8 oz carton	6	1 patty (about 1.2 oz)	16.7	
Prosage Patties	12.5 pound carton	150	1 patty (about 1.2 oz)	.7	
Salami, Meatless	4.5 pound roll	72	1 oz	1.4	
Stakelets	10 oz carton	8	½ piece (about 1.2 oz)	12.5	
Stakelets	17.25 pound carton	216	½ piece (about 1.2 oz)	.5	
Tofu Garden Patties	10 oz carton	8	½ patty (about 1.2 oz)	12.5	
Tuno	12 oz roll	6	2 oz	16.7	
Meatless Smoked Turkey Slices	8 oz carton	6	2 slices (about 1.3 oz)	16.7	

1. Food as purchased	2. Purchase unit	3. Servings per purchase unit	4. Serving or portion and contribution to the meal requirement	5. Purchase units for 100 servings	6. Additional information
Veelets	10 oz carton	8	½ patty (about 1.25 oz)	12.5	
Wham, slices	8 oz carton	6.7	1.5 slices	15	
Wham, slices	16 oz carton	12	1.5 slices	8.3	
MORNINGSTAR FARMS					
FROZEN ITEMS					
Homestyle Country Crisps	12 oz carton	6	2 oz	16.7	
Breakfast Links	8 oz carton	6.7	1.5 link (about 1.2 oz)	15	
Breakfast Patties	8 oz carton	6	1 patty (about 1.35 oz)	16.7	
Country Crisp Patties	10 oz carton	4	1 patty (about 2.5 oz)	25	
Grillers	9 oz carton	8	½ patty (about 1.1 oz)	12.5	
Scramblers	12 oz carton	6	¼ cup	16.7	
MILNOT CORPORATION					
Chiliman Vegetarian Chili with Beans	15 oz can	4	3 ¾ oz	25	
LA LOMA FOODS					
Big Franks	19 oz can	16	½ frank (about .9 oz)	6.3	Drained weight = 14.9 oz
Dinner Cuts	36 oz can	24	½ patty (about 1.3 oz)	4.2	Drained weight = 29.2 oz
Griddle Steaks, frozen	16 oz package	16	½ patty (about 1 oz)	6.3	
Linketts	64 oz can	40	1 link (about 1.3 oz)	2.5	Drained weight = 52.3 oz
Little Links	14 oz can	7	2 links (about 1.6 oz)	14.3	Drained weight = 10.8 oz

1. Food as purchased	2. Purchase unit	3. Servings per purchase unit	4. Serving or portion and contribution to the meal requirement	5. Purchase units for 100 servings	6. Additional information
Meatless Fried Chicken	35 oz can	14	1 piece (about 1.5 oz)	7.1	Drained weight = 18.7 oz
Meatless Roast Beef, frozen	4 pound roll	64	1 oz	1.6	
Nuteena	28 oz can	18.7	1.5 oz	5.4	
Ocean Fillets, frozen	16 oz package	16	½ fillet (about 1 oz)	6.3	
Proteena	20 oz can	20	1 oz	5.0	
Rediburger	19 oz can	19	1 oz	5.3	
Sizzle-burger, frozen	30 oz package	24	½ burger (about 1.25 oz)	4.2	
Stew-pac	37 oz can	24	1 oz	4.2	Drained weight = 23.9 oz
Swiss Steak	28 oz can	16	½ steak (about 1.25 oz)	6.3	Drained weight = 19.4 oz
Tender Rounds	19 oz can	12	1 meatball (about .9 oz)	8.3	Drained weight = 11.6 oz
Vegeburger	37 oz can	37	1 oz	2.7	
Vegecona	19 oz can	19	1 oz	5.3	
Vita Burger, dehydrated	16 oz package	40	.4 oz	2.5	
Vita Burger Chunks, dehydrated	16 oz package	40	.4 oz	2.5	
MGM BRANDS					
Meatless Franks	2 pound package	26	1 link (about 1.2 oz)	3.9	
Meatless Franks	12 oz package	10	1 link (about 1.2 oz)	10	
Meatless Franks	14 pound bulk	187	1 link (about 1.2 oz)	.5	
Meatless Sausage	2 pound package	40	1 link (about .8 oz)	2.5	

1. Food as purchased	2. Purchase unit	3. Servings per purchase unit	4. Serving or portion and contribution to the meal requirement	5. Purchase units for 100 servings	6. Additional information
Meatless Sausage	8 oz package	10	1 link (about .8 oz)	10	
Meatless Sausage	20 pound bulk	400	1 link (about .8 oz)	.3	
Meatless Sausage Roll	1 pound roll	20	1/20 roll (about .8 oz)	5	
Samburger	9 oz package	8	½ patty (about 1.1 oz)	12.5	
Samburger	15 pound bulk	214	½ patty (about 1.1 oz)	.5	
Chik'n Burger	9 oz package	8	½ patty (about 1.1 oz)	12.5	
Chik'n Burger	15 pound bulk	214	½ patty (about 1.1 oz)	.5	
Meatless Corned Beef	4 pound roll	64	1 oz	1.6	
Meatless Corned Beef, slices	8 oz package	10	1 slice (about .8 oz)	10	
Meatless Salami Roll	4 pound roll	64	1 oz	1.6	
Meatless Salami Slices	8 oz package	10	1 slice (about .8 oz)	10	
Meatless Boloni Roll	4 pound roll	51	1.25 oz	2	
Meatless Boloni Slices	8 oz package	6.7	1.5 slices (about 1.2 oz)	15	
Quick Chik	1 pound roll	16	1 oz	6.3	
Quick Chik	4 pound roll	64	1 oz	1.6	
Sandwich Chik'n Roll	4 pound roll	64	1 oz	1.6	
Sandwich Chik'n Slices	8 oz package	10	1 slice (about .8 oz)	10	

1. Food as purchased	2. Purchase unit	3. Servings per purchase unit	4. Serving or portion and contribution to the meal requirement	5. Purchase units for 100 servings	6. Additional information
MGM Burger	4 pound roll	64	1 oz	1.6	
MGM Burger	20 oz roll	20	1 oz	5	
Vegetarian Scallops	25 pound bulk	400	1 oz	.3	
Vegetarian Scallops	20 oz package	20	1 oz	5	
Crispy Nuggets	12 oz	12	1 oz	8.3	
Crispy Nuggets	15 pound bulk	240	1 oz	.4	

## Sample Documentation for Special Dietary Needs

It is important to document the special nutritional needs of children requiring dietary modifications. Keeping a record will protect the school and minimize misunderstandings. The medical statement does not have to be renewed each year if there are no changes in the diet order. Be sure to note and date any changes in the child's medical condition or diet order.

### Eating/Feeding Evaluation

Figure 1 includes a sample Eating and Feeding Evaluation: Children with Special Needs. This form should be completed by a parent, a physician, or other recognized medical authority.

### Information Card

Figure 2 gives an example of an information card, which can be used daily by Child Nutrition department staff in the kitchen to prepare meals for the children who have special dietary or medical needs.

(The Information Card and the Eating/Feeding Evaluation Form were adapted, with permission, from forms developed by Susan Woods, R.D., for Bibb County Schools in Georgia.)

**Figure 1. Eating and Feeding Evaluation: Children with Special Dietary Needs**

PART A			
Student's Name		Age	
Name of School	Grade Level	Classroom	
Does the Child have a Disability? If Yes, describe the major life activities affected by the disability.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the child does not require special meals, the parent can sign at the bottom of this form and return the form to the school food service.			
PART B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All".			
Cut up or chopped into bite size pieces:			
Finely ground:			
Pureed or Blended:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Parent's Signature		Date:	
Physician or Medical Authority's Signature:		Date:	

## Figure 2. Information Card

Student's Name	Teacher's Name
Special Diet or Dietary Restrictions	
Food Allergies or Intolerances	
Food Substitutions	
<b>Foods Requiring Texture Modifications:</b> <b>Chopped:</b>  <b>Finely Ground:</b>  <b>Pureed or Blended:</b>	
Other Diet Modifications:	
Feeding Techniques:	
Supplemental Feedings:	
<b>Physician or Medical Authority:</b>  <b>Name:</b>  <b>Telephone:</b>  <b>Fax:</b>	
<b>Additional Contact:</b>  <b>Name:</b>  <b>Telephone:</b>  <b>Fax:</b>	<b>Additional Contact:</b>  <b>Name:</b>  <b>Telephone:</b>  <b>Fax:</b>
<b>Child Nutrition Representative/Person Completing Form:</b>  <b>Title:</b>  <b>Signature:</b>	<b>Date:</b>

## Glossary

### **Americans With Disabilities Act (ADA)**

Comprehensive legislation, signed into law on July 26, 1990, that creates new rights and extends existing rights for Americans with disabilities. Title II of the Act is especially significant for the school nutrition programs, as it requires equal availability and accessibility in state and local government programs and services, including public schools.

### **Anaphylaxis/Anaphylactic Reaction**

A rare but potentially fatal condition in which several different parts of the body experience food-allergic reactions at the same time. Symptoms may progress rapidly and include severe itching, hives, sweating, swelling of the throat, breathing difficulties, lowered blood pressure, unconsciousness and even death.

### **Disability**

Under Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act*, “person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment. 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; metabolic diseases such as diabetes and phenylketonuria (PKU); food anaphylaxis; mental retardation; emotional illness; and drug addiction and alcoholism. Major life activities covered by this definition include caring for one’s self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Under the *Individuals with Disabilities Education Act (IDEA)*, the term “disability” refers to specified physical, mental, emotional or sense impairments, which adversely affect a child’s educational performance. Thirteen recognized disability categories, which establish a child’s need for special education and related services, are listed in IDEA. These disabilities include autism; deaf-blindness; deafness or other hearing impairments; mental retardation; orthopedic impairments; other health impairments due to acute health problems (such as a heart condition, epilepsy or tuberculosis); emotional disturbance; specific learning disabilities; speech or language impairment; traumatic brain injury; visual impairment, including blindness, which adversely affects a child’s educational performance.

### **Food Allergy**

Hypersensitivity from an abnormal response of the body’s immune system to food or food additives that would otherwise be considered harmless. Many of the true food allergy symptoms often resemble allergic reactions to other substances, such as penicillin, drugs, bee stings, hives and itching.

## **Food Intolerance**

An adverse food-induced reaction that does not involve the body's immune system. Lactose intolerance is one example of a food intolerance. A person with lactose intolerance lacks an enzyme that is needed to digest milk sugar. When milk products are consumed symptoms, such as gas, bloating and abdominal pain may occur.

## **Free Appropriate Public Education (FAPE)**

Under the *Individuals with Disabilities Education Act*, FAPE means special education and related services provided under public supervision and direction, in conformity with an individualized education program (IEP), and at no cost to parents. In appropriate situations, nutrition services could be deemed "special education" (specially designed instruction) or a "related service" (support services required to assist a child with a disability to benefit from special education).

## **Individuals With Disabilities Education Act (IDEA)**

Formerly the *Education of the Handicapped Act*, originally enacted in 1975, IDEA includes Part B, the basic grants to states program, which provides federal funds to assist states and school districts in making a free appropriate public education available to eligible students with specified disabilities.

## **Individualized Education Program (IEP)**

The Individualized Education Program or IEP means a written statement for a child with a disability that is developed, reviewed and revised in a meeting in accordance with the IDEA and its implementing regulations. The IEP is the cornerstone of the student's educational program that contains the program of special education and related services to be provided to a child with a disability covered under the IDEA.

Some states supplement the IEP with a written statement specifically designed to address a student's nutritional needs. Other states employ a "Health Care Plan" to address the nutritional needs of their students. For ease of reference the term "IEP" is used to reflect the IEP as well as any written statement designating the required nutrition services.

## **Licensed Dietitian (L.D.)**

A nutrition professional licensed under the laws of the State of Texas to use the title of licensed dietitian. A licensed dietitian applies and integrates scientific principles of nutrition under different health, social, cultural, physical, psychological and economic conditions to the proper nourishment, care and education of individuals or groups to achieve and maintain health throughout the life cycle. The term includes without limitations the development, management and provision of nutritional services.

### **Osteopathic Physician or Doctor of Osteopathic Medicine**

A fully trained physician who is licensed by the state to prescribe medication or to perform surgery. The American Medical Association includes doctors of osteopathy (D.O.) as equal members with medical doctors (M.D.). The majority of doctors of osteopathic medicine are primary care physicians.

### **Recognized Medical Authority**

Physicians, physician assistants or advanced practice nurses.

### **Registered Dietitian (R.D.)**

A nutrition professional who has earned a B.S. or B.A. degree, met basic academic and clinical training requirements and passed the qualifying examination for professional registration for dietetics. The registration program is maintained by the Commission on Dietetic Registration of the American Dietetic Association. R.D.s can answer questions on special diets, menu planning and related topics and conduct a nutritional assessment. An R.D. may work with the physician and school staff to assist in meeting a child's special nutritional needs and to ensure that menus are in compliance with the physician's diet order.

### **Rehabilitation Act of 1973**

The principal federal legislation aimed at promoting the employment and independent living of people with disabilities. Section 504 of Title V of this legislation prohibits discrimination against qualified persons with disabilities in the programs or activities (including hiring practices) of any organization receiving federal financial assistance.

### **Special Dietary Needs**

An individual with a special dietary need is one who does not have a disability, as defined by USDA, but is unable to consume a particular food because of a medical or other special dietary condition. The individual's special dietary need and the needed substitution(s) must be supported by a medical statement from a licensed medical authority or other appropriate health professional as designated by the state. A person with special dietary needs may have a food allergy or intolerance (for example, lactose intolerance) but does not have life-threatening (anaphylactic) reactions when exposed to food(s) to which he/she is allergic.