

BREWSTER CENTRAL SCHOOL DISTRICT
FOOD SERVICE DEPARTMENT
STANDARD OPERATING PROCEDURES

Serving Safe Foods to Children with Disabilities through Meal Modifications

PURPOSE: To establishing safeguards for the meal modification process for children with disabilities

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

"temporary" disabilities as defined in Federal Regulation.

Generally, children with food allergies or intolerances, or obese children are not 'handicapped persons', and school food authorities are not required to make substitutions for them. However, when in the physician's assessment food allergies may result in severe, life threatening reactions (anaphylaxis), or the obesity is severe enough to substantially limit a major life activity, the participant then meets the definition of 'handicapped person', and the food service personnel must make the substitutions and/or modifications prescribed by the Licensed Healthcare Professional.

INSTRUCTIONS:

1. Requests for Meal Modification: Requests for substitutions or modifications for children with disabilities must be made using the "Special Dietary Needs Medical Statement Form". The form is available on the School's District Food Service Website.
 - a. The medical statement must be completed by a Licensed Healthcare Professional and identify:
 - The child's disability as defined in the meal modification form . •An explanation of why the disability restricts the child's diet.
 - o The major life activity affected by the disability.
 - e The food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.
2. Meal Modification Form: After the " Special Dietary Needs Medical Statement Form" is completed and submitted, the Food Service Director along with the Director of School Support Services will review and evaluate the request. Once the Food Service Director and Director of Student Support Services both agree that a meal modification is required, they will formalize a specific 504 accommodation plan to make reasonable meal modifications and communicate and implement the approved plan with appropriate school staff
3. Updating/Submitting Forms: A student's " Special Dietary Needs Medical Statement Form" must be updated and submitted to the school nurse at the start of every school year or whenever there is a change in the student's dietary needs. The School Nurse will then communicate this information directly to the Food Service Staff
 - a. Parental Expectations:

For those students meeting Medical Statement for Disability-School Meal Modification criteria, it is the parents' responsibility to complete the following:

 - Complete Special Dietary Need Medical Statement Form

- Provide required documentation from a Licensed Healthcare Professional regarding meal modification
- Participate in 504 Accommodation Plan eligibility and plan development
- Collaborate with the Food Service Director to agree on appropriate and reasonable meal modifications • Understand that cost limitations will be considered when evaluating the type of modification that will be provided

b. Parental Expectations for Non-eligible Children:

In the event the child is not eligible for a school meal modification, the Food Service Director will notify the parent of the decision and the parents will meet the following

Parents provide the food/beverage substitution for their child e The cost of the food/beverage substitution will be at the parents' expense e Understand that the school kitchen facility will not be able to store the substitution that is brought from home

Ref.: Section 504 of the Rehabilitation Act of 1973
The Individuals with Disabilities Act of 1976 (IDEA)
The Americans with Disabilities Act (ADA) of
1990 ADA Amendment Act of 2008 (Effective January
1 . 2009)

The Food Allergen Labeling and Consumer Protection Act (FALCPA)

The Family Education Rights and Privacy Act of 1974 (FERPA)

Accommodating Children with Special Dietary Needs in the School Nutrition Programs — Child

Nutrition Program Regulations: 7 CFR Part 15b: 7 CFR Sections 110.10(l), 210 210.23(b),

225.16(g)(4),

220.8(f), and 226.20(h)

215.14,

PROCEDURES:

1. Educate parents and students about the importance of communicating the student's dietary needs to the school and checking the school monthly menu to identify allergens in the food provided in the School Cafeteria
2. Educate lunch servers and nutrition service staff on the importance of identifying students with special diets to serve them as indicated in their medical forms
3. Distribute letters or emails requesting parents to complete a new or update their child's meal modification form if their child has a food allergy or food intolerance
 - a. If the student has a food allergy/intolerance or other medical condition that does not rise to the level of a disability, the "Special Dietary Needs Medical Statement Form" should be filled out by the parent or guardian and signed by the student's Licensed Healthcare Professional
 - b. If the student has a food allergy/intolerance or other medical condition that raises to the level of disability the 'Special Dietary Needs Medical Statement Form' should be filled out by the parent or guardian and signed by the student's Licensed Healthcare Professional
 - c. The definition of a disability is "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment."
 - d. Procedural safeguards must be in place if the household feels that reasonable accommodations are not being met. If so, they can contact the school's Office of Student Support Services and file a grievance if they believe a violation has occurred regarding the request for a reasonable modification Grievance Form
4. The school nurse should collect these forms and send them to the Food Service Director
5. Designated staff members will keep documentation of meal modification forms and keep the Students with Special Diets spreadsheet up to date

6. The kitchen manager should monitor the kitchen staff while preparing meals for students with special meals and while serving them
7. Meals for students with special diets should be prepared and stored separately to prevent cross contamination
 - a. Cross contamination is the process in which an ingredient or microorganism unintentionally transfers from one food item to another with a potential harmful effect
 - b. Cross contamination can occur if food products are cooked with the same equipment or utensils. Cross contamination can also occur if food is stored in the same space
 - c. To prevent cross contamination food should be handled with care by changing gloves, cleaning surfaces, and changing equipment while handling allergens
8. The student will communicate with the servers if they have any meal modifications, so they are able to serve them the appropriate meal
9. Students will clean up their eating area as usual and throw away their trash
10. Parents will contact the school nurse if dietary needs changes, and the school nurse will communicate these changes directly with the Food Service Director

Cross-contamination

Cross contamination of foods can pose a potential danger when handling foods of students with special dietary needs. Cross contamination must be considered while serving students with a dietary restriction. It is important that kitchen staff members are aware of the importance of preventing cross contamination and how to handle food properly. Kitchen staff should be able to identify students with special dietary needs and serve them the appropriate food items to prevent an allergic reaction.

Monitor:

1. The kitchen manager will monitor kitchen staff as they prepare special meals to prevent cross contamination
2. The kitchen manager will also monitor kitchen staff as they serve students with special diets to assure they are getting meals that meet their dietary needs
3. The school nurse will maintain records of the students with special needs and will keep the Food Service Director updated if any changes occur

Expectations:

1. Parents must complete meal modification forms and keep them updated yearly
2. Encourage parents to check the school menu and select foods their child can eat and help substitute foods they can't eat
3. Continue to encourage nutritional staff to practice safe food handling techniques and prevent cross contamination.
4. Meet students' dietary needs by replacing certain foods while still meeting their nutritional needs
5. Prevent allergic reactions and food intolerances by providing students that have special diets with meals tailored to meet their needs

Impact:

1. The School Cafeteria will keep students with a food allergy/intolerance safe and prevent any health complications
2. Nutrition services, kitchen staff, and the school nurse will develop a strong system that will keep students safe while eating school meals

3. The School Cafeteria will be able to meet the student's dietary needs while also meeting their nutritional needs
4. The Cafeteria will be able to assist students to communicate their dietary needs while receiving meals

Maintenance:

1. Parents will need to complete a new " Special Dietary Needs Medical Statement Form" every school year for the child to continue to receive modified meals
2. The school nurse will communicate with the Food Service Director if any changes occur and monitor any incidents that occur
3. Training will be provided to all Food Service Staff members (new and existing) and will include:
 - a. Training is available on Child Nutrition Knowledge Center/Trainings/CN Snip its: Food Allergy management for School Foodservice Professionals and Modifications to Accommodate Individuals with Disabilities in School Meal Programs
 - b. Additional Required Training will be available to all Food Service Staff Members on the GCN and ICN Training

Websites

Civil Rights:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers 877-8339. the program or USDA's TARGET Center at (202) 7209600 (voice and TTY) or contact IJSDA through the Federal Relay Service at (800)

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR-P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>(link is

(link is external), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant

Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
 - U.S. Department of Agriculture
 - Office of the Assistant Secretary for Civil Rights
 - 1400 Independence Avenue, SW
 - Washington, D.C. 20250-9410; or
2. fax:
 - (833) 256-1665 or (202) 690-7442; or
3. email:
 - program.intake@usda.gov

This institution is an equal opportunity provider.

Requesting an Accommodation for Special Dietary Needs Procedure and Process

Brewster Central School District Adheres to specific United States Department of Agriculture (USDA) guidelines in providing special dietary accommodations for students. A "reasonable modification" is a change or alteration in practices or procedures to accommodate a disability that ensures that students with disabilities have equal opportunity to participate in or benefit from the program. In accordance with the criteria set forth in Z CFR Part 15b, those students who are unable to eat the school meal due to a disability, medical need, and/or impairment are accommodated, at no additional charge. Meal modifications must be related to the disability or limitations caused by the disability. The USDA regulations for school nutrition programs does 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.

Per Section 504 of the Rehabilitation Act of 1973, parents/ guardians have a right to an evaluation of their student if the district has reason to believe that the student has a mental and/or physical impairment that substantially limits a major life activity, which can involve eating/digestion. Students have the right to this evaluation before any plan for accommodation. Parents/guardians should ensure that they contact the school if they feel as though an evaluation would be appropriate.

Parents/guardians should complete the necessary information on the medical statement form in order to request an accommodation for their student. The school may contact the student and parents/guardians for additional information as needed. For example, if the substitutions needed for accommodations fall outside of the USDA meal pattern, the form must be signed by an authorized medical authority with prescriptive privileges in the state of Indiana.

Procedural Safeguards

If the household feels that reasonable accommodation are not being met, they have the right to contact the school's 504 Coordinator and:

- File a grievance if they believe a violation has occurred regarding the request for a reasonable modification;
- Receive a prompt and equitable 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.

Accommodations Coordinator

- The safety of your child comes first. If you have a child with a disability/medical need or impairment, please submit your request for accommodation by completing this form and submitting it to:
- For more information about accommodations for meals and the meal service for students with disabilities, please contact

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.asct.usdatgov/comp/aicn_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of

the information requested in the form. To request a copy of the complaintform, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

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

Special Dietary Needs Medical Statement Form

This school/facility participates in a federally funded Child Nutrition Program and any meals, milk, and snacks served must meet program requirements.	
Reasonable meal accommodations must be made when the accommodation requested is due to a disability or impairment. If you are requesting a meal accommodation or substitution, please complete and sign this form. A note from a medical authority may be required. If you have any questions, please	
contact Food Services Department	at 845-627-9831

Parent/Guardian:

Student's Name	Date of Birth	Grade Level/Classroom	Name of School/Site
Name of Parent/Guardian		Phone Number of Parent/Guardian	
Disability/Medical Need of Student: Allergy <input type="checkbox"/> Texture Modification <input type="checkbox"/> Intolerance <input type="checkbox"/> other <input type="checkbox"/>			
Allergies and Intolerances	What food(s)/type(s) of foods should be omitted? Please be as specific as possible.		
	List foods to be substituted.		
Signature of Parent/Guardian		Date	

Please obtain a doctor (DO or MD), nurse practitioner (NP), or physician assistant (PA) signature if your student requires a special menu or meal modification. Medical Authority:

Texture Modifications	Food should be: Pureed C] Diced/Finely Ground Chopped/cut into bite-size pieces Other (please specify):	liquids should be: C] Pudding Thick HONEY/Nectar Thick Thinned Other (please specify):
Additional Information	Provide an explanation of how the student's physical or mental impairment restricts the student's diet	
	Describe any additional details for clarification such as required special adaptive equipment, reactions to allergies, etc.:	
Name of Medical Authority & Title (please PRINT)		Provider Phone Number

Signature of Medical Authority	Date
--------------------------------	------

Signing the following section is optional, but may prevent delays by allowing school personnel to speak with the medical authority, Health Insurance Portability and Accountability Act Waiver (HIPPA)
In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and Family Educational Rights and Privacy Act (FERPA), I hereby authorize _____ (medical authority) to release such protected health information of my child as is necessary for the specific purpose of special diet information to _____ (school/program), and I consent to allow the medical authority to freely exchange the information listed on this form and in their records concerning my child, with the school program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. understand that permission to release this information may be rescinded at any time except when the information has already been released. This information is to be released for the specific purpose of special diet information. The undersigned certifies that he/she is the parent/guardian/or representative of the child listed on this document and has the legal authority to sign on behalf of that child.

Parent/Guardian Signature:	Date:
----------------------------	-------

School/Faculty Use Only:	
C] Form Received on _____, Accommodation will begin on _____.	
C] Accommodations within meal pattern. C] Accommodations not within meal pattern.	
Form incomplete. Parent contacted on _____	
Form complete. Accommodation will not be made. Request not reasonable. C] 504 coordinator contacted.	
_____	_____
Date	Signature of Food Service Director Contact