



Meal Modifications to Accommodate Students with Disabilities

CH.6

Students with disabilities that restrict the diet want to feel they are just like all the other students. In case of disability, Federal law requires schools to provide meal modifications for these students. Knowing what steps to take can make a major contribution to the quality of life for your students, no matter what their personal health situation. The extra effort you make to help these students feel included in the school meal experience will be well worth it.

In this chapter you will learn about:

- Disabilities that restrict the diet and foodborne illness risk.
- Required accommodations and documentation needed.
- Differences between a food allergy and a food intolerance.
- Overview of menu planning, food preparation, and other considerations for disabilities that restrict the diet.

INTRODUCTION

The menus you and your staff produce are wholesome, flavorful, and nourishing. For some students with disabilities; however, you must modify the menu to provide for the special nutrition requirements they need to grow and thrive. Federal statute and program regulations *require* that schools provide meal accommodations for disabilities that restrict the diet. Program regulations also *permit* schools to provide meal accommodations in nondisability situations. You will need to work with many professionals in the school, from administrators to nurses and classroom teachers. Also, to best serve your students, involve community partners such as parents and local health professionals.

You should review your processes to assure you are following current guidance. Before menus can be modified, you need to:

- Understand disabilities and how they restrict diets.
- Recognize the laws that require accommodation.

DISABILITIES THAT RESTRICT THE DIET

Federal law requires school nutrition programs to make reasonable modifications to program meals to accommodate children with disabilities that restrict the diet. The Americans with Disabilities Act (ADA) Amendments Act of 2008 made important changes to the meaning and interpretation of the term “disability” to clarify that Congress intends the term “disability” to be broad and inclusive. With the passage of the ADA Amendments Act, most physical and mental impairments will constitute a disability. Additionally, United States Department of Agriculture regulations at 7 CFR 15b require that school food authorities (SFA) ensure equal opportunity for students with disabilities to participate in or benefit from the school feeding programs. The category of disabilities entitled *Major Life Activities* was expanded to include *Major Bodily Functions*.

A disability is identified by how it affects the person’s *Major Life Activities*, which include but are not limited to: “caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.”

The category of *Major Bodily Functions* includes but is not limited to: “functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.”

Individuals taking measures to improve or control any conditions recognized as a disability are still considered to have a disability and require an accommodation.

A physical or mental impairment does not need to be life threatening to constitute a disability. It is enough that it limits a major life activity. For example, digestion is an example of a bodily function that is a major life activity; therefore, a child whose digestion is impaired by lactose intolerance may be considered to have a disability regardless of whether or not milk products cause a student severe distress. Check with your State agency (SA) for more information. Due to these changes, you may see more students identified as having a diet-related disability than were recognized previously.

For additional guidance, see FNS memorandum SP 59-2016, *Modifications to Accommodate Disabilities in the School Meal Programs*, SP 26-2017 *Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As)*, (<https://www.fns.usda.gov/school-meals/accommodating-disabilities-school-meal-programs-guidance-and-qas>) and *Accommodating Children with Disabilities in the School Meal Programs* (<https://www.fns.usda.gov/sites/default/files/cn/SP40-2017a1.pdf>).

Direct any questions regarding meal accommodations for disabilities to your State agency (SA). SA contact information is available at <https://www.fns.usda.gov/school-meals/school-meals-contacts>.

Required Documentation

You must make meal modifications for a disability that does not meet the meal pattern requirements only when a medical statement is provided by a State-licensed healthcare professional authorized to write a medical prescription, such as a physician or nurse practitioner. The medical statement is required to receive reimbursement for the meal

and to ensure a safe meal is provided.

If the meal modifications for a disability can be met within your program meal pattern requirements, FNS does not require a medical statement; however, your SA may require a medical statement. The medical statement must include the following:

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

In some cases, more information may be required. For example, if the student requires caloric modifications or the substitution of a liquid nutritive formula to accommodate a disability, this information must be included in the statement.

You must not unduly delay a child’s meal modification while waiting for the family to submit a medical statement. In this situation, you must document the initial conversation with the family from when you first learned of the child’s need for an accommodation. School officials should follow up with the family if the requested medical statement is not received and maintain a record of this contact. School officials should diligently continue to follow up with the family until a medical statement is received or the request is rescinded.

If the medical statement does not fully explain the modification needed, you should immediately contact the child’s parent or guardian for guidance and request an amended medical statement. However, clarification of the medical statement should not delay you from providing a modified meal for the child. See Appendix 6.A for an example of a medical statement form.

Reasonable Accommodations

Per Federal law and USDA regulations, your program is required to make *reasonable* accommodations for students with disabilities. A reasonable modification to accommodate a disability ensures children with disabilities have *equal opportunity to participate in, or benefit from,*

your meal program.

Meal modifications may vary even amongst students with a similar disability diagnosis; hence, each situation should be treated on a case-by-case basis. The nature of the disability and age of the child should be considered when developing appropriate modifications.

You are not required to provide elaborate meals that are vastly different from the menus provided to the general student population. It may be possible to substitute a food item or plan meals to offer choices that meet the accommodation within the planned menu. You cannot charge any student with a disability that restricts the diet a higher price for the reimbursable modified meal. Some students may require a medical food (for example, a specialized formula). Depending on product cost and other factors, you may need to purchase the product or the product may be provided to your program for the student. Meal accommodations made for a disability that restricts the diet are reimbursable even though they may not meet the meal pattern; however, schools are encouraged to follow the meal pattern to the greatest extent possible. For example, a student with the rare condition Phenylketonuria (PKU) must restrict the amino acid phenylalanine found in high-protein foods; therefore, meals will restrict meats/meat alternates (M/MA) and a specialized formula will replace the fluid milk component. In another situation, for a student who must avoid wheat, you could offer a larger portion of brown rice rather than a whole-wheat dinner roll.

Offer Versus Serve may not be used as a means to provide a meal modification in a disability situation. All food components must be made available. For example, if a student has celiac disease and the menu offers a hamburger and bun, then the student must have a choice of a gluten-free bun and not be expected to eliminate the bun in order to accommodate this disability. It is important to adhere to proper food safety protocols to prevent cross-contamination with other allergen-containing foods. This includes use of separate utensils, gloves, etc when preparing foods for students with food allergies. See page 208 for additional information.

NONDISABILITY MEAL ACCOMMODATIONS

Some students have specific dietary requests, but they do not have a disability that restricts their diet. Your school nutrition program is *not required* but *is permitted* to provide meals modified to students' requests. This decision is a local district decision. However, any modified meal for a nondisability reason must follow the required meal pattern. Your program needs to treat all students with these types of needs equally. While you will decide on the specific changes on a case-by-case basis, you should make the same process available to all students with nondisability meal requests

Required Documentation

FNS does not require a medical statement for nondisability meal modifications that can be met within the meal pattern requirements; however, your SA may require a medical statement. If required, the form may include the following information, and may be signed by a physician or other State-recognized medical authority:

- The student's dietary requests.

See Appendix 6.A for an example of a medical statement form.

FNS encourages SFAs to provide a variety of foods for children to select from in order to accommodate food preferences; however, you are not required to provide elaborate meals that cater to personal reasons such as religious, ethnic, or moral preferences. When you provide choices and variety in meals, it is easier for a student with a disability or a personal preference to select a reimbursable meal. You must provide all components and the opportunity to select a complete meal. For example, offer a hamburger and a separate slice of cheese, so the student can choose the hamburger without cheese if desired.

You may make substitutions to a program meal to accommodate a nondisability preference; however, the meal must meet the component and nutrient requirements of the meal pattern in order for a school to claim reimbursement.

Managing Disabilities That Restrict the Diet as Part of a Culture of Food Safety

At Federal Way Public Schools, Mary Asplund, R.D., Director, Nutrition Services, and her team developed standard operating procedures (SOPs) to address disabilities that restrict the diet as part of the district's culture of food safety. Within the school district community, 130 different languages are spoken. Many kitchen staff, who may have limited English skills, work alone. To promote the safest environment possible, Nutrition Services staff control the process from the first moment they learn of a student's need for meal accommodations for disability reasons. By following step-by-step procedures, they ensure all students and staff members involved in the process are protected, while allowing meals to be personalized for students who may be faced with multiple food restrictions.

Disability accommodations are customized through a tightly controlled process involving students, parents, physicians, and school staff. Nutrition Services staff meet face-to-face with every parent and student in the special diet program after obtaining initial information. The team meets with the parent to discuss the program, learn the student's food disability requirements, and create a draft menu, including National School Lunch Program required information. The parent then takes the draft meal modifications to his/her child's State-licensed medical professional,* who reviews and approves the diet order. After receiving the physician-approved diet order, Nutrition Services staff meet with the parent and student together to discuss student responsibilities, and walk the student through the process at the school. The staff and student also discuss individual food likes and dislikes.

Nutrition Services staff also talk with key school staff, such as the lunch server, cashier, nurse, and possibly the principal, counselor, teacher, or office staff. It depends on the type of diet and the maturity of the student. The district maintains a special diets area in its central kitchen with procedures for assembling and checking:

- Food labels are approved by the district's registered dietitian for all foods on all diets; labels are checked every time a new case is opened.
- Assembly method utilizes rudimentary isolation techniques.
- Special diets are assembled every day.
- Production runs of special diets on food lines occur at the beginning or end of the shift on a cleaned belt. Food is not in contact with machinery. New aprons and new gloves are worn.
- Assembled meals are double-checked by a second trained person.



School District:
Federal Way
Public Schools

Located:
Federal Way,
Washington

Enrollment:
21,800

Website:
www.fwps.org

That level of protection transfers from the central kitchen all the way to the serving line. If a student is on a special diet, a notice appears on the point-of-sale screen when the student number is entered, alerting the cashier to check the student's tray for compliance.

Understanding that these students face many nutritional and social challenges, Nutrition Services makes every effort to accommodate student preferences. Staff may shop at grocery, health, and/or specialty stores to purchase the necessary items. Adhering to SOPs allows staff to customize each diet order, reducing potential mistakes and influencing student acceptability of the meal. Nutrition Services transitions students between elementary and secondary school meals based upon the student's level of personal responsibility.

The district's strong efforts in food safety for special diet students have gained recognition throughout the region. Mary Asplund, R.D., was awarded "Advocate of the Year" from the Food Allergy Initiative.



* A licensed physician or, at your State's discretion, a State-licensed health care professional who is authorized to write medical prescriptions under State law.

WORKING WITH FAMILIES

You are encouraged to work with families who may want to provide special foods for their children. Check your local and State food safety guidance for items provided from home. Work with parents, teachers, and students to assure any perishable items brought from home are safely stored (for example, using insulated containers and ice packs). This is good advice for all foods that students bring from home, including brown bag lunches. It is one more way to create a culture of food safety in your school.

Another important part of your local process is a periodic review of each student's needs. Annual updates to each student's information is a best practice. Growing children have nutrition needs that change; for example, some children outgrow allergies. An annual review helps ensure plans

meet the student's current needs. In some cases, these needs are temporary. For example, a student with a wired jaw may have a temporary disability.

FNS does not require you to obtain written documentation from a State-licensed healthcare professional to end a meal modification for a child, but you may request documentation. Check with your SA to see if they require documentation. FNS does recommend that you keep documentation when ending a meal accommodation. For example, you could ask the child's parent or guardian to sign a statement indicating their child no longer needs a meal accommodation before ending the accommodation. See Appendix 6.B for a sample form. Standard operating procedures (SOPs) are a way to build reviews into your school planning cycle; consider creating one for diet-related disability documentation.

FOOD ALLERGIES AND FOOD INTOLERANCES

Do you know the difference between a food allergy and a food intolerance? Many people confuse the two. You will find the answers to this question and more in *The Food Allergy Book, What School Employees Need to Know (The Allergy Book)* (<http://healthyfutures.nea.org/wpcproduct/food-allergy-book-what-school-employees-need-to-know-english/>). This downloadable reference, available in English and Spanish, is published by the National Education Association Health Information Network, with funding from USDA. The following information is adapted from *The Allergy Book*.

Food Allergy

A food allergy is an abnormal response to a food protein, triggered by the body's immune system. The body mistakenly responds to the protein (the allergen) as if it were harmful. An allergic response to food can range from mild to life-threatening, and individuals may be allergic to more than one food. Strict avoidance of the food allergen is the only way to prevent a reaction. Food allergies may develop in infancy, childhood, or adulthood, and may or may not be outgrown. Most people do not have an allergic reaction the first time they eat a food to which they are allergic. The reaction usually occurs after the second exposure and can be severe.

Food allergy reactions can produce negative health effects in several body systems. Skin, gastrointestinal (GI tract), respiratory (breathing), and cardiovascular (heart and blood pressure) are the main body systems affected. Reactions can happen minutes or hours after exposure to the allergen. See chart on the next page for the most common symptoms.

Food Intolerance

A food intolerance occurs when the body's digestive tract reacts abnormally to a meal component. Unlike an allergy, an intolerance does not involve the immune system. However, the symptoms – nausea, vomiting, diarrhea, cramping, and reflux – are very similar to the GI symptoms of an allergic reaction. Symptoms can appear minutes or hours after eating a food that triggers the intolerance.

A common food intolerance is lactose intolerance, which results when the body does not produce enough of the enzyme needed to digest the naturally occurring sugar in milk (lactose). Like allergies, intolerances can also range in severity but most are not life-threatening. People with lactose intolerance can usually consume cheese and yogurt as well as small amounts of milk with meals. Milk treated to break the lactose into the simple sugars glucose and galactose is available (lactose-free milk). Cheese and yogurt are often tolerated when milk is not.

In stark contrast to lactose intolerance, an allergy to a protein in milk means that all forms – milk, cheese, and yogurt – would produce an allergic reaction and must be avoided.

Most Common Food Allergies

Eight common food allergens account for 90 percent of all allergies. These top eight are foods often served in school meals:

- Milk
- Eggs
- Peanuts
- Soy
- Wheat
- Tree nuts (example: almonds, walnuts, pecans)
- Fish
- Shellfish (example: crab, lobster, shrimp).

Food labels will usually identify if one of the major eight allergens is an ingredient. It is possible to be allergic to other foods; over 170 foods have an allergen history. Some reactions can occur from skin contact or inhaling small pieces of the food, although these are rare.

The Allergy Book is an easy-to-read resource. It explains the important role everyone in the school community plays in keeping children safe from food allergens. Use this tool to create a culture of food safety schoolwide.

Given that food allergies and intolerances are specific to foods, each student's needs will differ. A review of all components for possible dietary modifications is helpful.

BODY SYSTEM	SYMPTOMS
Skin	Itchy or flushed skin, rash, hives, or swollen lips, tongue, eyes
Gastrointestinal	Nausea, vomiting, diarrhea, cramping, reflux
Respiratory	Difficulty breathing or swallowing, shortness of breath, wheezing, sneezing, coughing, nasal congestion, red and/or itchy watery eyes
Cardiovascular	Dizziness, weak pulse, confusion, fainting, blue or pale skin color, sudden drop of blood pressure, unconsciousness

COMMON MEAL COMPONENT MODIFICATIONS

From a general menu planning perspective, you will consider aspects of each component when making common changes for dietary restrictions. Many of these changes involve allergy and intolerance modifications. Your team may need to modify the texture of foods for a student with swallowing difficulties. Let's review each meal component for a big-picture view of modifications. Please note this is not an exhaustive list of all possible changes.

Fluid Milk

Milk is one of the top eight common allergens. Students with milk allergies need to avoid all milk and foods made with milk, such as yogurt and cheese. Many foods contain milk-derived ingredients added during processing (for example, casein, whey, etc.); read labels carefully.

Lactose intolerance is another health condition associated with milk. Your program can offer lactose-reduced and lactose-free versions of allowable fluid milk choices without the need for special documentation.

Schools have the option to make a milk accommodation for students without disabilities. Any substitution for milk in a nondisability situation must be nutritionally equivalent to milk, as well

as supply the nutrients specified in program regulations (7 CFR 210.10(m)). See chapter 2 for details.

Fruits

Fruits are not among the eight most common food allergens. While rare, fruit allergies do exist. For example, kiwi is associated with oral allergy syndrome. Symptoms can appear on contact, including burning, itching, and swelling of the lips, mouth, and tongue. Individuals allergic to kiwi may also be at risk for latex allergies, although the relationship is unclear. Use nonlatex disposable gloves when latex allergies exist.

Some people born with rare errors of metabolism such as Heredity Fructose Intolerance may require removal of all fructose, a sugar found naturally in fruit (as well as table sugar), from the diet. Many processed foods contain high fructose corn syrup, which also needs to be avoided with this intolerance. Review ingredient lists for sources of fructose.

Some diets may require texture modification (mashed, ground, puréed, etc.) of fruits. The need for texture modification may be very specific for each student and food. Try to include as much of the regular menu as possible for ground or puréed diets. For example, cantaloupe or honeydew melon can be pureed into a fruit soup.

Providing Nutrient and Allergen Information Online for Families and Health Professionals

Wichita Public Schools (WPS) provides information on allergens, calories, and carbohydrate content of menu items on its district website. Megan Fogarty, R.D., manages special nutrition needs for WPS and maintains yearly updates of a color-coded list of menu items with common allergens or ingredients of concern for their district noted. Each year, Ms. Fogarty collects information from manufacturers to update the list. The resource provides the menu item name with common food names, types of meat, and unusual ingredients noted, such as

- Maple Waffle (contains wheat/gluten, egg, milk)
- Fish Patty Melt (Trout) (contains cheese) served on bun
- Fruity Oat Ring Cereal (contains pear).

“Whether needing to know Carbohydrate or Calorie values in a snap, or food allergen status of specific foods served, this tool quickly empowers the parents, students, and school nurses caring for complex health needs of students.”

– Nurse, Wichita Public Schools

Meal modifications for severe disabilities (including instructions for allergies such as severe anaphylaxis) are entered into the online meal modification form. The form’s design also captures details, such as if a child with soy allergy also avoids soy lecithin or soybean oil (two items that are safe for most children with soy allergy, according to research).

WPS also posts simplified forms and guidance for requesting school meal modifications. Making this information easily accessible to the school community is one way the school district supports a culture of food safety related to special nutrition needs. The district has a simple discontinuation request form developed by the Kansas State Department of Education, Child Nutrition and Wellness, for use when special nutrition is no longer needed. A discontinuation form is not required by FNS. Check with your SA to see if they require this documentation. See Appendix 6.A and 6.B for sample forms you may use in your program.



School District:
Wichita Public Schools

Located:
Wichita, Kansas

Enrollment:
51,100

Website:
<https://www.usd259.org/>

Wichita Public Schools Calorie, Carbohydrate and Allergen List Current School Year

This information is correct to the best of our knowledge provided from manufacturer’s labels and nutrition computer database. Manufacturers may change product formulation without notification. For questions about allergens in foods, please call the nutrition services office.

?- Processed in a facility or May contain allergen as stated on product label

***- Served in Middle and/or High School

+MFS- Modified Food Starch *HFCS- High Fructose Corn Syrup *Monosodium Glutamate

MENU ITEM	ALSO CONTAINS	Serving Size	Calories	Carbohydrate	Wheat/Gluten	Nut	Egg	Milk	Fish	Soy	Corn	Red # 40	Cinnamon	Sesame
Waffle Maple	barley, palm oil, yeast	1 waffle	240	41	x		x	?						
Fish Patty Melt (trout & cheese)	Rice flour, phosphates, yeast, garlic, onion, paprika	1 piece	220	14	x			x	x	x	x			
Cereal Fruity Cheerios	Oats, pear, citric acid, trisodium phosphate	1 bowl	120	26	?						x			
Breakfast Bagel Sandwich (egg and cheese)	MFS, citric acid, phosphates, yeast	1 each	225	32	x			x		x	x			
Calzones Mini Cheese	Barley, tomato, cellulose, olive oil, cottonseed oil, garlic, yeast, corn starch	3 pieces	350	34	x			x		x	x			
Juice Apple Cherry	apple, cherry	4 fluid oz	60	15										
Mixed Vegetables	Corn, Peas, Green Beans, Carrots, lima beans	1/2 cup	55	12							x			
Nacho Cheese Dip	MFS, phosphates, paprika, Maltodextrin	1/2 cup	279	5				x			x			
Popcorn Shrimp	Soy protein, shrimp, Modified Corn Starch, citric acid, garlic, phosphates, cellulose, whey, yeast, corn flour	3 ounces	230	22	x			x	x	x	x			
Salad, Kale ***	Kale, Spinach, Carrots, Onion, Raisins, Tomato, Apple Cider Vinegar, Soybean Oil, MFS, garlic, Sunflower Seeds	1/2 cup	92	12		x	x			x				

Wichita Public Schools updates their allergen information each school year and posts on their Web page.



Managing Food Allergies in Schools

Your school nutrition program works hard to provide meals that are safe and wholesome for all students. Part of the culture of food safety you foster involves managing food allergies in your school(s). Current statistics from the Centers for Disease Control and Prevention (CDC) underscore the importance of a comprehensive plan for food allergies schoolwide:

- Four to six percent of youth in the United States have food allergies.
- Prevalence rates increased 18 percent in a 10-year period (1997-2007).
- Up to 18 percent of children with allergies have had a reaction due to accidental intake at school.
- One fourth of severe allergic reactions at schools involve children with no known diagnosis of food allergy.

From the school board to playground monitors, all administrators and staff play important roles in protecting the health and safety of children with chronic conditions, including food allergies. You can be a valuable leader in developing a culture of food safety for food allergies. *The Tool Kit for Managing Food Allergies in Schools* (<https://www.cdc.gov/healthyyouth/foodallergies/toolkit.htm>) is an excellent resource developed by the Centers for Disease Control and Prevention in partnership with other Federal agencies including USDA, leading education organizations, and allergy experts and advocates. The development team included parents and school professionals from various specialties, including school nutrition.

The easy-to-use tool kit includes tip sheets, training presentations, and podcasts highlighting resources and action steps specific for a diverse audience of school staff:

- School superintendents
- Administrators
- Teachers and para-educators
- School nutrition professionals
- School transportation staff
- School mental health professionals.

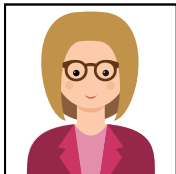
Food allergies may present a first step to engaging the entire school community in the development of a culture of food safety. The toolkit provides tools to achieve a schoolwide plan for managing and, more importantly, preventing food allergy reactions.

Managing Allergies in School Nutrition Programs (<http://www.theicn.org>) is a 6-hour training resource available from the Institute of Child Nutrition. The training program lessons refer to the Voluntary Guidelines. Use this resource to train all of your staff from production to cashiering on allergy management.

Menu Chat

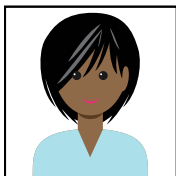


Hello.



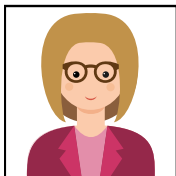
Megan

This school year, we have a few new students who need meal accommodations. I am looking for a place to start. Do you have any suggestions?



Sandra

Each student in our school with a special nutrition need due to a disability has a team meeting to plan for the school year. I suggest you find out about any similar meetings in your schools and plan to attend. Members of the team include parents, teacher(s), school nurse, administrator, and school nutrition staff. We share information and understand everyone's role in providing for the student's needs. It helps our department meet needs and educates others about our program. Good luck!



Megan

THANKS!

I will check with our school nurse.

Vegetables

Soybeans are the only vegetable among the eight most common allergens. Popular in vegetable blends, they are also known as edamame.

Some diets may require texture modification of vegetables. You can puree many vegetable salads, such as marinated carrot coins or 3-bean salad. Be cautious using marinade liquid when puréeing to avoid overpowering sourness. For added moisture, use water, fruit or vegetable juice, or milk to match flavor profiles for puréed items.

Grains

Grains are often associated with allergies and intolerances. A wheat allergy is different from gluten intolerance. Wheat can be found in many foods, including some you might not suspect, so be sure to check the ingredient lists of all of your processed foods.

Gluten is a specific protein found in several different grains, including wheat, barley, rye, and triticale. Triticale is a cross between wheat and rye. Oats do not contain naturally occurring gluten, but may be a source due to cross-contact and cross-pollination. Some people are intolerant to gluten. For example, Celiac disease is a disability that requires removal of all foods with gluten from the diet; it is not an allergy.

Several grains do not contain gluten. Prepare these grains without adding a food with gluten to the recipe. That way, the menu item is appropriate for all of your students, including those with “gluten-free” requirements. Naturally gluten-free whole grains include:

- Brown rice and wild rice
- Quinoa
- Oats (if certified to be gluten-free)
- Millet
- Amaranth
- Whole-meal corn
- Buckwheat (even though wheat is part of the name, it is not wheat and does not have gluten).

Meats/Meat Alternates: (M/MA)

Remember that a food allergy is an abnormal immune response to a food protein. M/MA are rich in protein. It is easy to see why modifications in M/MA choices are common in diet-related disabilities. Seven of the eight most common allergens – milk products, eggs, peanuts, soy, tree nuts, fish, and shellfish – are part of the M/MA group. An allergy to one M/MA requires substitution of another food within the component group.

Cheese and yogurt are milk products, so both contain milk proteins. Students with an allergy to a protein in milk will need to avoid yogurt and cheese.

Most people with lactose intolerance can eat cheese and yogurt. Some may be sensitive to the amount of lactose in yogurt and need to avoid it. Some brands of yogurt include fish gelatin as a thickening agent. Students allergic to fish need to avoid these brands; check labels for ingredients.

Fresh meat and poultry contain only the proteins found in those foods. Processed meat and poultry products often have additional ingredients, including wheat and soy compounds.

Careful label reading will identify potential allergens in M/MA choices. Check ingredient labels often for possible formulation changes.

Other Menu Items

In addition to looking at specific components, you will need to review recipes and noncreditable menu items to look for common allergens. For example, look for milk, peanuts, tree nuts, soy, or wheat ingredients in fruit-containing recipes and products. You may need to prepare fruit-based items (examples: fruit crisp or yogurt-dressed fruit salad) without these added ingredients. A baked apple could substitute for apple crisp to avoid wheat.

Conversely, vegetable recipes and condiment products may contain other allergens, such as milk, soy, or wheat ingredients. You may need to prepare small amounts of a recipe without the allergen ingredient, such as broccoli with cheese sauce thickened by corn starch rather than wheat flour. Check salad dressing labels for ingredients.

With an allergy or intolerance, avoiding the food is a must. Because wheat fractions are common in the food supply, carefully checking ingredient labels helps identify possible sources of wheat and/or gluten. Food and Drug Administration (FDA) guidelines define the term “gluten-free” on food labels. Milk and soy fractions are also common in prepared foods; read labels carefully to identify foods with these ingredients.

Each of the meal components may need special attention to assure meals meet the dietary restrictions for students with these needs. Tools for accommodation include:

- Food labels and ingredient statements – Read carefully and identify products with potential allergens or intolerance compounds.
- Substitution of a nutritionally equivalent product or meal component allowed in the diet.
- Menu options that allow a choice at the serving line, such as
 - Hamburger with option to add cheese
 - Plain fruit in place of fruit-based dessert with grains.

MEAL PATTERN MODIFICATIONS

For each student with a disability that requires dietary restrictions, you must have a medical statement on file if the modified meal does not meet the reimbursable meal pattern. This documentation is what allows you to serve a meal that may deviate from the reimbursable meal pattern when necessary and receive reimbursement. For students with nondisability meal accommodations (food preferences), you must provide a meal that meets the meal pattern requirements when planning substitutions otherwise, you cannot receive reimbursement for the meal. Keep in mind that receiving balanced, nutritious meals to the greatest extent possible is in the student’s best interest. Similar to free or reduced status, health information must be kept confidential.

Planning diets for students with dietary restrictions can be challenging. You can ask for help planning meals for students with disability needs. If you need clarification, work with the family to obtain guidance from their State-recognized medical authority. For help identifying specific menu items that you can serve, use school or State agency level nutrition professionals, when available. Or, contact qualified nutrition professionals, such as Registered Dietitians/Nutritionists (R.D./R.D.Ns.). R.D./R.D.Ns. work in clinical or community settings in your local area, including hospitals, health departments, clinics, universities, and many school nutrition programs.

PLANNING MENUS

Well-planned menus can meet the needs of most of your students. Offering a variety of foods may lessen the need to prepare separate menus for your students with disabilities. It makes sense to focus on the common needs of all students. When the general menu provides choices, students share a common experience.

Students with disabilities may feel anxious because they have dietary restrictions that prevent them from consuming a Program meal as prepared. Unfortunately, students with diet restrictions may experience bullying just because they have different needs. Being able to eat many of the same foods as other students reduces the stigma some students may experience. A student with a disability must be offered a full reimbursable meal including all required components. In the past with Offer Versus Serve (OVS), if a school offered a hamburger on a bun and the student had a gluten disability, they were told to not take the bun. This is why it is important not to use OVS to make a meal accommodation. The meal patterns encourage schools to offer a variety of foods and permit schools to:

- Provide choices within meal components that allow students that do not have a disability to choose reimbursable meals.
- Offer a variety of milk types that accommodate the needs of students with lactose intolerance, such as lactose-reduced/free milk.

Planning Meals for Students With Common Allergies and Intolerances

Planning meals that consider food allergies or intolerances is common in school nutrition programs. Dietary accommodations for both food allergies and intolerances involve providing meals or snacks with alternate choices for restricted foods. You serve a variety of different foods in your program. It is possible to plan a menu to meet the needs of many students without having to purchase or prepare special items.

Checking Food Labels for Allergens

Always use the actual product label from the package to review for allergens and other ingredients. A sample label on a company's website may not reflect the actual ingredients. A master file or binder of current food labels is useful for staff responsible for disabilities that restrict the diet. If you have questions about food allergens or labeling information for a particular product, contact the manufacturer.

Product ingredients do change from time to time, so it is important to review labels on a continuing basis. Companies may change formulations without notice. Reviewing labels only during the summer or the beginning of the school year will not catch changes made during the school year.

Multiple vendors may supply USDA Foods products, for example, a chicken fajita. Always check the labels of these types of products. Each manufacturer will have a unique product formulation. Company M's chicken fajita may be soy-free while Product P may contain soy protein. For questions about allergens in USDA Foods products or items processed with USDA Foods ingredients, contact each product manufacturer.

Create safeguards by checking labels of products at delivery. Suppliers sometimes ship different lots of the same product with varying ingredients. Bulk packages may only have the labeling information on the outer package. Staff often discards the outer package, which may create challenges for identifying food allergens. Establish SOPs to ensure that the smaller units have ingredients noted.

Your staff must review product labels prior to preparing food for a student with food allergies or intolerances. This last check before meal service safeguards the student. Check the labels for both familiar and new products for all the reasons listed above. Every staff member's effort is worth the student's health and enjoyment of school meals.

FOOD SAFETY AND DISABILITIES THAT RESTRICT THE DIET

Students who receive modifications for disabilities that restrict the diet may be at higher risk for complications of foodborne illness. You may wonder why. In comparison to other students the same age, these students may have weaker immune systems due to their disabilities. Young children have less developed immune systems than older students. So, young children with disabilities can be at risk from two perspectives. Taking special care to keep food safe is important to safeguard the health of all students, especially students with special needs. Three areas of food safety and diet-related disabilities requiring special attention are:

- Preventing cross-contact
- Cleaning and sanitizing equipment
- Avoiding bare-hand contact with ready-to-eat foods.

Preventing Cross-Contact

SOPs for diet-related disabilities involving food allergies and intolerances emphasize steps to prevent cross-contact. Cross-contact occurs when potential allergens from one food come in contact with other foods that do not normally contain the allergen. For example, staff prepares a fresh tossed salad. The salad has croutons added before portioning a serving for a student with a wheat allergy or celiac disease. Even after removing the croutons, the student cannot eat the salad. Trace amounts of gluten or other wheat proteins remaining on the salad are potentially enough to cause an allergic reaction. To prevent cross-contact with potential allergens, some schools dedicate specific areas and equipment to prepare meals for students with severe food allergies. You may assign allergen-free meal preparation only to specially trained staff members.

Menu Chat

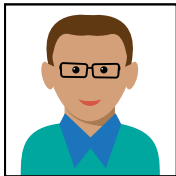


Hi there!



Lin

We have students who are requesting gluten-free foods or want certain food items because of personal choice. What should I tell my staff?



Dylan

I trained my staff to understand that personal preferences are not special dietary needs. We cannot always prepare a special meal for a student who prefers vegetarian foods or has decided to eat gluten-free. We need to treat all students without documented dietary needs with equal service. We can meet personal preferences with menu planning that offers choices to all students. At our high school, we offer made-to-order entrée salads. We are able to offer vegetarian, gluten-free, and dairy-free to all students within the regular meal pattern requirements and OVS. We prepare these meals on separate surfaces to avoid cross-contamination.

As a general practice, we commit to offering reasonable options that still accommodate everyone. We cannot provide a specialty gluten-free, dairy-free pizza.

We can offer a gluten-free, dairy-free menu choice when pizza is on the menu. This approach meets the needs of our students, and helps us stay within our budget.



Lin

THANKS!

What a great idea for entrée salads. I will try this approach. Thanks!

Unintended cross-contact can also occur before your school even receives products. Labels indicate the types of products packaged at a food plant, which may be a source of cross-contact. For example, food labels may state a food is packaged in a plant that also processes peanuts. This means the food may have come in contact with peanuts even if peanuts are not an ingredient. Food recalls often involve foods possibly exposed to an allergen that is not an ingredient. See Chapter 5 for the importance of traceability during a food recall.

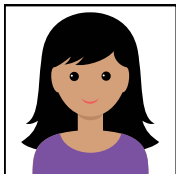
Cleaning and Sanitizing Equipment

Some diet-related disabilities may require grinding or puréeing food to change the texture. Others may include preparation of a specialized formula. Thoroughly clean and sanitize grinders and blenders after each use. Otherwise, the food particles left on equipment may promote bacterial growth. The equipment may spread bacteria to the next food prepared. Remaining food particles could also be a source of cross-contact.

Menu Chat

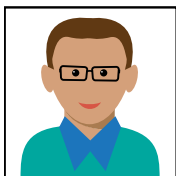


Hi,



Elena

I am looking for help. Do you have any suggestions for food safety and special meals?



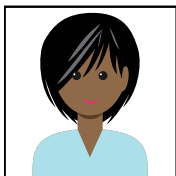
Dylan

One of our students requires a specialized formula. We have a standard operating procedure for preparation. The formula includes a measuring scoop that is stored in the container so that it is portioned correctly. Our procedure includes washed, gloved hands so that we don't spread germs to the scoop that will touch formula in the can. The blender is cleaned and sanitized after each use.



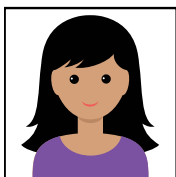
Lin

We use special color-coded cutting boards, utensils, and containers and a separate food preparation area for meals served to students with life-threatening allergies. One staff member is trained and dedicated to this food preparation area; a second backup staff member is cross-trained for coverage when our lead is not at work.



Sandra

As a best practice, we have "emergency plans" for our routine diet restrictions, such as allergies. These plans provide steps to follow when our planned menu is not an option. We never expected to use our emergency meals plans. But when our school became a shelter after a tornado, we were prepared. Our community knows our staff is trained and does their very best in all situations.



Elena

THANK YOU

I really like the idea of standard operating procedures and plans for the unexpected; I know that will help my staff feel more confident. They really care about the students and want to do the right thing.

Avoiding Bare-Hand Contact With Ready-To-Eat Foods

Handling ready-to-eat foods *should always* be with clean, gloved hands or utensils. Meals for students with diet-related disabilities are often small amounts to prepare. Making small batches may feel like preparing food at home, where your workers do not wear gloves. Remind staff of proper glove use, the need to wash hands prior to wearing gloves, and to change gloves between tasks. Bare-hand contact can transmit viruses. Be especially vigilant when preparing foods for students with special nutrition needs. They may be at higher risk for complications from foodborne illness such as norovirus. Ready-to-eat foods are not heated, thus can transmit viruses if not properly handled.

The food safety resources highlighted throughout this Menu Planner provide guidance useful for food safety and disabilities that restrict the diet. Consult these resources, develop SOPs, and train your staff. Let's consider one additional area of food safety that is a best practice for specialized diets: emergency meal plans. Consider having a sample menu for each student with special dietary needs or type of restriction, such as gluten-free. That way you are better positioned to prepare foods from inventory on hand in the event of an emergency. For example, what if a pan of gluten-free food is dropped and thus not servable? Having a handy emergency meal plan helps to quickly prepare a meal for students with this diet modification. Chances are the plan will help your staff be calm during a stressful time and confident they are meeting a student's needs.

CONCLUSION

Using the information in this chapter, you and your staff can modify menus with confidence and provide for the special nutrition requirements some students need to grow and thrive. In cases of disabilities that restrict the diet, schools are required to provide for the special dietary needs of their students. The starting point is information specific to each student from a licensed physician or other State-recognized medical authority.

Key points from this chapter include the following:

- Federal law *requires* that schools provide reasonable meal accommodations for a disability that restricts the diet.
 - Obtain a medical statement, signed by a State-licensed health care professional who is authorized to write medical prescriptions under State law.
 - These meals may vary from program requirements and are still reimbursable.
 - Meal modifications for disability reasons that follow meal pattern requirements do not require documentation. However, States have the flexibility to require a medical statement.
- Program regulations *permit* schools to provide meal accommodations in nondisability situations.
 - No documentation is required for nondisability situations.
 - These meals must meet the meal pattern requirements for reimbursement.
 - However, States have the flexibility to require a medical statement in these situations.
- Food allergies and food intolerances are different.
 - A food allergy is an abnormal response to a protein triggered by the immune system.
 - A food intolerance occurs when the body's digestive tract reacts abnormally to a food or food ingredient.
- Eight common food allergens account for 90 percent of all allergies: milk, eggs, peanuts, soy, wheat, tree nuts (example: almonds, walnuts, pecans), fish, and shellfish.

- While flexibility is the key to building school menus, additional changes may be needed to provide meal accommodations for persons with disabilities. Menu flexibilities are not intended to address a disability accommodation during menu planning.
- Students who receive modifications for diet-related disabilities may be at higher risk for complications of foodborne illness, so special care needs to be taken during food preparation.

Employ the strategies covered in this chapter for your students with food-related disabilities. Knowing what steps to take can make a major contribution to your students' quality of life and your staff's confidence. The extra effort you make to help these students feel included in the school meal experience contributes to their total school experience.

Wholesome and delicious meals, carefully planned and prepared, meet the needs all students. How well do your students and school community know about the efforts and expertise you and your staff offer? They will, when you market your program! That is the focus of Chapter 7.

Review and answer each of these questions. You will find the answer key at the end of the Menu Planner.

1. School nutrition programs are _____ to make meal modifications for students with diet-related disabilities. School nutrition programs are _____ to make meal accommodation for students with nondisability meal requests.
2. What is the documentation required for a diet-related disability request? When does the school nutrition program receive the documentation?
3. What is the difference between a food allergy and a food intolerance?
4. What are the eight most common food allergens?
5. What are three food safety practices especially important when preparing meals for students with special nutrition needs?

If you got the answers right, great job! You are ready for the next chapter. If you missed any, review that section of the chapter before moving on to the next chapter.



LINKS TO ADDITIONAL RESOURCES

American Latex Allergy Association, Cross Reactive Food (<http://latexallergyresources.org/cross-reactive-food>).

Institute of Child Nutrition, Food Allergy Fact Sheets (<http://www.theicn.org>).

Institute of Child Nutrition, Food Safety Basics (<http://www.theicn.org>).

National Education Association Health Information Network and U.S. Department of Agriculture, Food and Nutrition Service, The Food Allergy Book: What School Employees Need to Know, Alexandria, VA (<http://healthyfutures.nea.org/wpcproduct/food-allergy-book-what-school-employees-need-to-know-english/>).

U.S. Department of Agriculture, Food and Nutrition Service, Policy Memos (<https://www.fns.usda.gov/school-meals/policy>):

Modifications to Accommodate Disabilities in the School Meal Program, SP 59-2016

Accommodating Disabilities in the School Meal Programs Guidance and, Questions and Answers, SP 26-2017

Accommodating Children with Disabilities in the School Meal Programs (<https://www.fns.usda.gov/sites/default/files/cn/SP40-2017a1.pdf>).

U.S. Department of Health and Human Services, Centers for Disease Control, Tool Kit for Managing Food Allergies in Schools (<https://www.cdc.gov/healthyyouth/foodallergies/toolkit.htm>).

U.S. Department of Health and Human Services, Food and Drug Administration, Gluten-Free Labeling of Foods (<https://www.fda.gov/food/guidanceregulation/guidancedocumentsregulatoryinformation/allergens/ucm362510.htm>).

APPENDIX ITEMS

Appendix 6.A Sample Medical Statement to Request School Meal Modification – adapted from Wichita Public Schools

Appendix 6.B Sample Discontinuation of Meal Modifications Form – adapted from Wichita Public Schools

