

Knox County Schools

Food & Nutrition Services

Special Dietary Accommodations Protocol

2022-2023



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The School Nutrition Program is required to accommodate children with any type of documented medical or physical impairment that restricts the child's diet as defined by the American Disability Act and ADA Amendment Act of 2008. A separate form and process is required to accommodate students from the cafeteria due to regulations from the School Nutrition Program as regulated by the USDA.

Regulatory Requirements

- ADA Amendment Act of 2008 and SP 59 – 2016 (Appendix A) Term disability is defined as: a physical or mental impairment that substantially limits one or more major life activities
- SP 59 – 2016 (Appendix A) USDA update for School Food Authorities (SFA) to broaden the term 'disability' to include children with non-life-threatening food sensitivities or allergies
- The National School Lunch Program (NSLP) and School Breakfast Program (SBP) mandate that all students are provided access to meals regardless of recorded disability status
- Reasonable modifications must be made for children with medical orders at no extra charge to the child

Medical Documentation

- According to the USDA, a meal modification that does not follow the program meal pattern must have a medical statement to receive reimbursement.
- Knox County Schools (KCS) DOES require a medical statement for any dietary modifications on the current KCS Special Dietary Accommodations form, FSD-49
- A licensed healthcare provider must include the following documentation in order for accommodations to be made:
 1. Information on impairment that is sufficient to allow the SFA to understand how it restricts the child's diet
 2. Foods to be omitted
 3. Recommended substitutions to replace omitted food items
 4. Licensed healthcare provider's signature (this includes Physicians, Physician Assistants, Advanced Practice Registered Nurse/Nurse Practitioner, Podiatrist, Osteopathic Physician, Dentist, Optometrist, Veterinarian)
- All special dietary requests are processed and reviewed by KCS Registered Dietitian (RD) prior to accommodations being made.
- If the SFA is aware of a food restriction, staff cannot unduly delay providing modifications while awaiting the completed FSD-49 form. Instead, staff should provide reasonable modifications to keep the child safe and request the family provide a medical statement as soon as possible (cafeteria may not be able to provide all meal components).
- Accommodations will only be made for meal components that contribute to the reimbursable meal.
- If a child has a FSD-49 form on file that has not been accommodated in 3 years or longer, the order is considered null.

Release Statements

- The information on the FSD-49 form is considered a diet order/prescription when signed by the healthcare professional and the cafeteria staff must follow it accordingly. If the student's diet order changes, the licensed healthcare professional must submit an updated form to the School Nutrition office.
- If the parent/guardian wants the child to be served foods that are restricted on the medical form, they must complete, sign, and return the *KCS Parental Release* statement (Appendix B). Verbal orders from parents cannot be accepted.

Lifestyle Accommodations

- The School Nutrition Program is not required by the USDA to provide special food items for students based on lifestyle choice (vegetarian, religious, etc.), but strive to offer enough variety for these families who decide to eat meals from the cafeteria.
- The cafeteria does not provide oversight for children's food choices regarding lifestyle accommodations. Parents are encouraged to discuss menu options and selections with their children to assist them in making choices that meet their lifestyle needs.

Family Responsibilities

- Families may access food menus and food product items lists online, which list nutrition information and common food allergens. With this information, parents/students may review and determine the best and safe food options.
- Provide accurate, updated signed medical documentation (FSD-49 Form -Appendix C)
- Transfer necessary information, paperwork, and medical documentation if moving schools and notify schools.
- If a special meal is being made for child (i.e. the child does not select all foods from the line, but must ask staff for a tray), the family should notify cafeteria staff of absences.
- Educate the child in self-management of his/her allergy (as age appropriate):
 - ✓ Safe and unsafe foods
 - ✓ Symptoms of an allergic reaction
 - ✓ How and when to tell adult if they are having an allergic reaction
 - ✓ How to read food labels
 - ✓ The importance of not sharing foods with other children or sharing utensils
 - ✓ If applicable, inform child that he/she is expected to pick up specially prepared cafeteria trays at school and help child establish contact with the cafeteria manager

Cafeteria Responsibilities

- Keep each child's meal modification order and diet instructions on file
- Follow diet instructions made by dietitian to assure safe food is served to student
- Order allergen safe foods per doctor's orders to best follow the meal pattern and menu
- Practice cross-contact prevention strategies to ensure safety
- Communicate with KCS dietitian regarding any questions or clarifications related to diet orders and meal modifications
- Under no circumstances should school food service staff diagnose health conditions, prescribe nutritional requirements, interpret, or revise/change a diet order

School Nutrition Program/RD Responsibility

- Know ingredients of all products served in the NSLP and NSBP and update annually or as products change
- Compile lists of foods options safe for specific allergy
- Provide guidance/training to cafeteria in making menu accommodations as needed
- Attend IEP/504 meetings as necessary
- Contact parent/guardian as needed for additional information.
- May contact the licensed healthcare provider if the diet prescription and/or requested accommodations needs clarification

Health Services Responsibility

- If a nurse receives FSD-49 form directly, nurse should scan to RD and cafeteria manager. Nurse should obtain additional information from parent/guardian as needed.
- To the best of nurse's ability, should send only FSD-49 form to RD. Medication forms for food allergies or notes from doctors will not be accepted as sufficient documentation.
- Nurse shall notify parent/guardian once cafeteria is able to accommodate student.
- Nurse to discuss 504/IEP meetings with RD as appropriate.
- Nurses approves of texture modified foods when serving students puree or mechanical soft foods and has the autonomy to send food back to cafeteria if it does not meet consistency standards as set by IDDSI.
- Nurse coordinates the provision of thickener for liquids as needed by medical orders for cafeteria needs and classroom needs. Nurse or teacher thicken liquids for student per medical order in classroom.

USDA Non-Discrimination Statement

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, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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

1. mail: U.S. Department of Agriculture
Office of 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

Appendix A

Resource Citation

Resource Citation

1. **USDA Accommodating Children with Disabilities in the School Meal Programs, Guidance for School Food Professionals.** 7/28/17. <https://www.fns.usda.gov/2017-edition-accommodating-children-disabilities-school-meal-programs>. Accessed 25 July 2019.
2. **SP 59 2016:** Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs, September 27, 2016 <https://fnsprod.azureedge.net/sites/default/files/cn/SP59-2016os.pdf>. Accessed 25 July 2019.
3. **Equal Employment Opportunity Commission (US). ADA AMENDMENTS ACT OF 2008.** PL 110-325 (S 3406). September 25, 2008. <https://www.eeoc.gov/laws/statutes/adaaa.cfm>. Accessed 15 July 2019.

The Americans with Disabilities Act Amendments Act of 2008 (Amendments Act), effective January 1, 2009, amended the Americans with Disabilities Act of 1990 (ADA) and included a conforming amendment to the Rehabilitation Act of 1973 (Rehabilitation Act) that affects the meaning of disability in Section 504. The standards adopted by the ADA were designed not to restrict the rights or remedies available under Section 504. The Title II regulations applicable to free appropriate public education issues do not provide greater protection than applicable Section 504 regulations. This guidance focuses primarily on Section 504.

Appendix B

Knox County Schools Food and Nutrition Services Parental Release of Dietary Restrictions

Parental Release of Dietary Restrictions

Student's Name _____ School _____

Release from Dietary Restrictions Statement

I, _____ parent/legal guardian of _____
(print name) (circle as appropriate) (print student's name)

am aware that my child has allergies/restrictions to certain foods as documented by their medical provider. I request that my child be released from the following dietary restrictions and cafeteria oversight for my child's food selection. Please list below the foods you would like your child to be allowed to have from the cafeteria:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(parent/guardian signature)

(date)

Appendix C

Knox County Schools Food & Nutrition Services Medical Request for Meal Modification Form

Medical Request for Meal Modification

Student's Name: _____ Date of Birth _____ ID # _____

School Name: _____ Grade Level: _____

I certify that the above named student needs to be offered food substitutions due to a food allergy/intolerance or other medical need as indicated. I give permission to the School Nutrition Department to contact the doctor or other recognized medical authority if clarification is needed on these orders. I understand the cafeteria must follow the Medical Authority's orders. In order for the child to be released from these restrictions, a Parenteral Release Form must be signed. Additionally, I understand that if my child's medical or health needs change, it is my responsibility to provide an updated form to the Food and Nutrition Services office and the school nurse.

PARENT/GUARDIAN SIGNATURE _____

Date _____

Phone Number _____

To be completed by Physician/Recognized Medical Authority

Section A. Food Allergy or Intolerance (foods to be omitted)

Life Threatening Food Allergy: Yes No

Milk/Dairy

- No Fluid Dairy Milk No Yogurt No Cheese No Ice Cream
 No dairy products or derivatives even BAKED IN products

Egg Allergy

- No whole eggs
 No egg products or derivatives even BAKED IN products

Corn

- No Corn Syrup No Corn Oil
 No products made with corn or its derivatives

Wheat

Fish **Shellfish**

Soy

Peanut **Tree Nut**

Specify nut type/s, as appropriate _____

Omit foods "processed in nut a facility"

Other (Please list): _____

Section B. Texture Modification:

Solids: Mechanical Soft & Chopped Ground & Fork Mashable Pureed Other _____

Liquids: Nectar Thick Honey Thick Pudding Thick Other _____

Section C. Therapeutic Diet Order: (Write specifics in space provided)

Diabetic: _____ Low Protein/PKU: _____ Sodium Restriction: _____ Other: _____

Section D. Impairment & Accommodations

Please specify the student's medical needs and how this restricts his/her diet. _____

Please indicate what must be done to accommodate the child's diet. **If foods are to be eliminated from the diet, please recommend substitutions.** (if the student is allergic to fluid cows milk, please recommend alternatives such as soy milk, almond milk etc.)

Signature Required- Scan or Fax to School. School nurse will fax (865-594-1203) or scan (megan.minner@knoxschools.org) form to Nutrition Department. No accommodations can be made until received and processed. Contact Megan Minner, KCS Dietitian: 865-594-3801 with questions.

Physician's Printed Name _____

Physician's Contact Number _____

Physician or Recognized Medical Authority's Signature _____

Date _____

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