

2025 ISBE School Nutrition Training

Accommodations

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**CHILD NUTRITION
PROGRAMS**

 **ILLINOIS**
STATE BOARD OF
EDUCATION

Legislation

- [Americans with Disabilities Act \(ADA\)](#)
 - ADA Amendment (ADAA)
- [Individuals with Disabilities Education Act \(IDEA\)](#)
- [USDA Nondiscrimination Regulation \(7CFR 15\(B\)\)](#)
- [Section 504 of Rehabilitation Act of 1973](#)

ADAA Definition of Disability

A condition in which a person has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

Major Life Activities- In General (ADAA 2008)

These are broadly defined and include, but are not limited to:

- caring for oneself
- performing manual tasks
- seeing
- hearing
- eating
- sleeping
- walking
- standing
- lifting
- bending
- speaking
- breathing
- learning
- reading
- concentrating
- thinking
- communicating
- working

Major Bodily Functions (ADAA 2008)

“Major life activities” also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions

FDA Food Safety Modernization Act (2011)

Food Safety Modernization Act (FSMA)

Shifting focus from response to prevention:

- Parent providing documentation prior to the start of every school year
- Create and maintain an individual plan for food allergy management, with the parent, with a documented risk for anaphylaxis
- Communication strategies between individual schools and providers of emergency medical services
- Strategies to reduce the risk of exposure to allergens in classrooms and common school areas such as cafeterias

<https://www.fda.gov/food/guidance-regulation-food-and-dietary-supplements/food-safety-modernization-act-fsma>

Civil Rights

- Program benefits should be provided in the most integrated setting possible
- Excluding students would not be an appropriate solution to assist with allergies or other concerns
- Talk to your parents
 - In limited circumstances it may be appropriate for a student to sit in another location

Epi Pens – Illinois

Legislation: 105 ILCS- 5/22-30

[https://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K22-30#:~:text=\(f\)%20The%20school%20district%2C,limited%20to%2C%20classrooms%20and%20lunchrooms.](https://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K22-30#:~:text=(f)%20The%20school%20district%2C,limited%20to%2C%20classrooms%20and%20lunchrooms.)

- School districts, public, charter, or nonpublic may authorize the provision of a **student specific** or **undesigned epinephrin injector**
- A school nurse or trained personnel can administer an **undesigned epinephrine injector** to any person that the school nurse or trained personnel in good faith believes is having an **anaphylactic reaction**. Annual training must be documented.

Plant-Based Option

Public Act 102-0761 (8/1/2023)

<https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=102-0761>

- Students and parents/guardians must be provided a plant-based school lunch option, if the student submits a prior request

Sample Plant-Based Lunch Request Form

More information on potential meat/meat alternatives, recipe inspiration, or milk substitutes, can be found on the [ISBE's Accommodating](#) webpage

Faith by Plate Act

[Faith by Plate Act-Public Act 103-1076](https://www.ilga.gov/legislation/publicacts/fulltext.asp?name=103-1076)

<https://www.ilga.gov/legislation/publicacts/fulltext.asp?name=103-1076>

- Signed March 21, 2025
- Subject to appropriation
- Intends to establish a statewide contract for prepackaged reimbursable meals
 - Including but not limited to Halal and Kosher options

Meals Costs

- SFAs **cannot** charge more for modified meals
- SFAs claim modified meals at the same reimbursement rate
- USDA considers any additional costs for modified meals to be allowable food service program costs

Offer vs Serve

For students with a disability:

- Cannot use OVS to accommodate meal modifications for children with disabilities

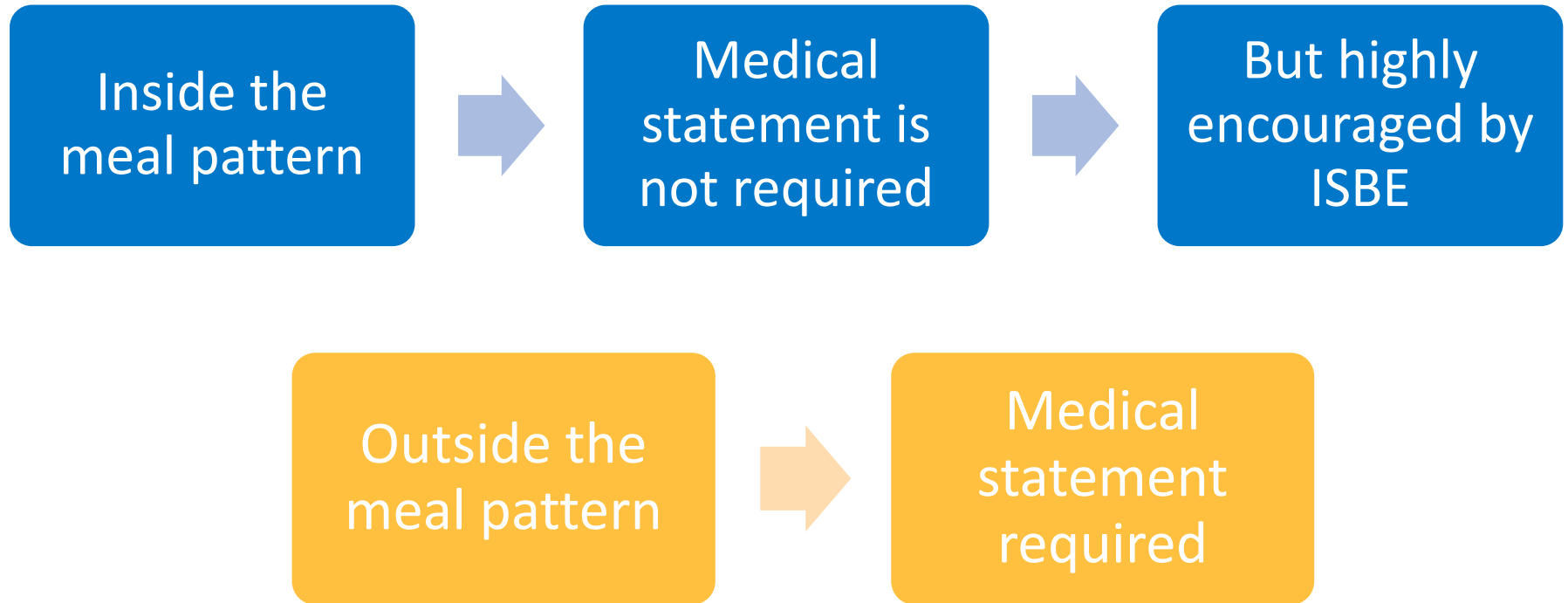
For students without a disability:

- May be used to select foods a student prefers
- Student must still select the required number of components including a fruit or vegetable

Preference Statement VS Medical Statements Individualized Ed Program (IEP) 504 Plan

- Medical Professional
- Parent Request

Required vs Recommended



Meal Modification-Preference Form

PREFERENCE MODIFIED MEAL REQUEST FORM
For Use in the USDA School Nutrition Programs, Child and Adult Care Food Program, & Summer Food Service Program

This form may be used to request a meal modification for a child with a preference (i.e., not a physical or mental impairment) that restricts their diet. Please note, federal regulations provide meal program Sponsors with the option to accommodate food preferences.

SECTION 1: CHILD INFORMATION

Child's Name: _____ Date of Birth: _____
Facility Name: _____ Grade: _____

SECTION 2: MEAL MODIFICATION INFORMATION

1. Provide a description of how the child's diet is restricted:


2. Are there any food items and/or ingredients that must be avoided? ☐ Yes ☐ No
If yes, please list the food items and/or ingredients to be avoided:

List alternatives that may be provided for any items or ingredients above:

3. List any additional modifications needed to accommodate the child's preference:

SECTION 3: SIGNATURES

Parent/Guardian Name: _____ Relationship: _____
Phone: _____ Email: _____
Parent/Guardian Signature: _____ Date: _____


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SEND COMPLETED FORMS TO:

Name: _____ Email: _____ Address: _____
Title: _____ Fax: _____
Facility: _____

SPONSOR/SCHOOL FOOD AUTHORITY USE ONLY

Date Received: _____ Received By: _____
Date(s) of Follow-Up Communication*: _____
*Attach documentation of parent's information received from any follow-up communication to this form.

NonDiscrimination 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 marital or relationship 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 the program or USDA's TARGET Center at (202) 720-2400 (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 RD-827, USDA Complaint/Request for Assistance](#) or submit the form from any USDA office, by calling (800) 845-9992, 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 RD-827 form or letter must be submitted to USDA by:

- Mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- Fax:**
(813) 256-1465 or (202) 690-7442; or
- Email:**
program.action@usda.gov


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<https://www.isbe.net/Documents/Preference-Modified-Meal-Request-Form.pdf>

Modification Inside Meal Pattern

Avoids certain foods still meets USDA requirements

Requires adjustment in texture or mechanical modifications: pureed, sliced, diced, etc.

Requires no change in dietary specification


Do not delay implementation of meal modifications

Signature parent or guardian, physician not required

Medical Authority Modified Meal Request Form


<https://www.isbe.net/Documents/Medical-Authority-Modified-Meal-Request-Form.pdf>

MEDICAL AUTHORITY MODIFIED MEAL REQUEST FORM	
For Use in the USDA School Nutrition Programs, Child and Adult Care Food Program, & Summer Food Service Program	
<i>This form may be used to request a meal modification for a child with a physical or mental impairment that restricts their diet. Portions of this form must be completed by a State Licensed Healthcare Professional (who is authorized to write medical prescriptions under Illinois law) or a Registered Dietitian.</i>	
SECTION 1: CHILD INFORMATION	
Child's Name: _____	Date of Birth: _____
Facility Name: _____	Age/Grade: _____
SECTION 2: MEAL MODIFICATION INFORMATION TO BE COMPLETED BY A STATE LICENSED HEALTHCARE PROFESSIONAL	
1. Provide a description of the child's physical or mental impairment and how it restricts their diet and/or access to meal programs.	
2. Are there any food items and/or ingredients that must be avoided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list the food items and/or ingredients to be avoided.	
List alternatives that may be provided for any items or ingredients above.	
3. List any additional modifications and/or services needed to accommodate the child's impairment or disability.	
SECTION 3: SIGNATURES	
Parent/Guardian Name: _____	Relationship: _____
Phone: _____	Email: _____
Parent/Guardian Signature: _____	Date: _____
Medical Authority Name (First & Last) _____	
Medical Authority Signature _____	Date _____



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SEND COMPLETED FORMS TO	
[Staff Name/Title] [Name of Facility] [Email/Fax/Mailing Address]	
SPONSOR/SCHOOL FOOD AUTHORITY USE ONLY	
Date Received: _____	Received By: _____
Date(s) of Follow-Up Communication* _____	
*Attach documentation of pertinent information received from any follow-up communication to this form.	
Nondiscrimination 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 online , or obtain the form 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	



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Medical Statement

- Dietary accommodations will fall outside the meal pattern requirements a medical statement is needed for reimbursement
- Recommended: share with the school nurse, classroom teacher(s), transportation and all other areas responsible for the student.
- Signature of physician or medical authority licensed by the State of Illinois to prescribe medication

Medical Statement

Medical Statement

Information about the impairment that is sufficient to allow the operator to understand how it restricts the child's diet

Explanation of what must be done to accommodate the child's disability

Foods to be omitted and recommended alternatives

Modification Outside Meal Pattern

Omits one or more requirement meal pattern components

Requires adjustment in portion size; could be more or less

Requires change in dietary specification

- Reduced calories
- Increased calories
- Reduced sodium
- Reduced saturated fats
- Increased saturated fats

Only allowable for disability-related requests & must have a medical statement

NEW! Registered Dietitians

- Registered Dietitian (RD) or Registered Dietitian Nutritionists (RDN)
 - Food and nutrition experts
 - Specific credentials
- These individuals will need to be credentialed by the Commission on Dietetic Registration.
- RDs and RDNs are required to complete specific educational requirements, from an accredited dietetics program, including a supervised practice requirement; pass a national exam; and continue learning through ongoing education.
 - In addition to RD/RDN credentialing, many States have regulatory laws and licensure requirements for RDs. In Illinois, RD/RDN also must be licensed, other states regulations may differ.

Meal Modification Documentation

- SFAs may choose to collect meal modification documents annually or
- SFAs may choose to maintain submitted documents on file and continue to follow modification until notified to discontinue
- A best practice is to collect a written request from the parent/guardian prior to discontinuing approved meal modifications

Meal Modification Documentation

For example, a school's policy could request an updated medical statement whenever a child:

- has a physical;
- transitions to a different school;
- requires a new meal modification; or
- requires a change to an existing meal modification.

Individualized Education Programs (IEP) or 504 Plan

- **if an IEP or 504 Plan includes the same information** required in the medical statement, or if the required information is obtained by the school during the development or review of the IEP or 504 Plan, **it is not necessary for the SFA to obtain a separate medical statement**
- Clear communication about the requirements for the medical statement can help reduce the burden for families, school food service professionals, and LEA officials working to accommodate children in the school setting

Autoimmune Disease

- Food Allergy and Intolerance
- Diabetes
- Celiac Disease

A graphic consisting of two overlapping rounded rectangles. The background rectangle is dark blue, and the foreground rectangle is light blue. The word "Allergy" is centered in the light blue rectangle in a black, sans-serif font.

Allergy

A graphic consisting of two overlapping rounded rectangles. The background rectangle is dark blue, and the foreground rectangle is light blue. The word "Intolerance" is centered in the light blue rectangle in a black, sans-serif font.

Intolerance

Food Allergy: Anaphylaxis

- Severe response of the body's immune system to food recognized as harmful
- May be life threatening, triggering anaphylaxis response.
- Emergency plan should be developed and maintained for the student throughout the school day.
- Reaction may begin minutes to hours after exposure to an allergen.

Food Allergy: Non-Life-Threatening

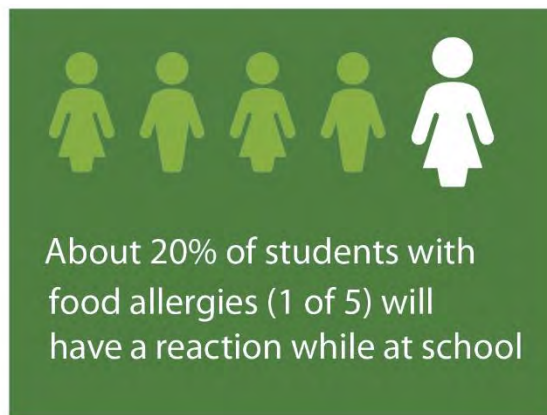
- An abnormal response of the body's immune system to food, that the body would otherwise consider harmless
- Does not have to be life-threatening or cause anaphylaxis
- Non-life-threatening food allergy may be considered a disability and require meal modification

Food Intolerance:

- Adverse food-induced reaction that does not involve the body's immune system
- May be considered a disability if it substantially limits digestion
 - Lactose intolerance
 - Gluten intolerance, Gluten sensitivity
- No physician signed medical statements required when accommodations are made within the meal pattern
- May request a medical statement for documentation
- Do not delay implementation of meal accommodations
- Accept input from parent/guardian or appropriate individuals

Did you know?

- 8% of students are affected by food allergies, and the incidence is increasing.



- 25% of severe food allergy reactions at school happen to students with no previous known food allergy.

THE FOOD ALLERGY EPIDEMIC



More than half of adults with food allergies have experienced a severe reaction.



More than 40 percent of children with food allergies have experienced a severe reaction.

Food Allergy: Life-Threatening



Sesame Seed: New 9th Allergen



Sesame Products

- Sesame Seeds
- Tahini, Tahina, Tehina (Found in commonly in hummus)
- Sesame Oil
- Benne, benne seeds, benniseed
- Halvah
- Sesame Bagels or Buns
- Everything Bagel Seasoning

Food Labels for Allergens

“Contains...”

OR

“May contain...”

OR

“Produced in a facility that uses...”

Food Labels for Allergens

INGREDIENTS: Enriched unbleached flour (wheat flour, malted barley flour, ascorbic acid [dough conditioner], niacin, reduced iron, thiamin mononitrate, riboflavin, folic acid), sugar, natural flavor.

CONTAINS: Wheat.

INGREDIENTS: SEMOLINA (WHEAT), DURUM FLOUR (WHEAT), NIACIN, FERROUS SULFATE (IRON), THIAMIN MONONITRATE, RIBOFLAVIN, FOLIC ACID.

CONTAINS: WHEAT.

MANUFACTURED IN A FACILITY THAT USES EGGS.

No food served in classrooms: How does this impact my classroom?

Food Allergy and Intolerance:

Delayed or rebound reaction

Shared classroom equipment, avoid cross-contact with allergens

Classroom activities, celebrations, or incentive/rewards use non-food items

Snacks for test days, limit food to items that have food labels identifying carbohydrates

Parent Communication - Classroom

- An open dialogue all parents in the classroom related to allergies or other concerns
- Food concern in your classroom, communicate it to your parents through a classroom newsletter, private portal, or a take-home letter
- Communicate the message clearly and politely without calling out a specific student
 - handled improperly, can result in a civil rights violation

Safe Practices in the Classroom

- Clean surfaces before and after meals and snacks with **soap and water or disposable wipes**.
- If distributing food, **wash your hands** with soap or disposable, fragrance-free wipes, before and after service
- Ensure students have adequate space to eat and sit during meal and snack times
- **Discourage food sharing**

Safe Practices in the Classroom

- Check if non-food products have the risk of cross-contact from touching products to accidentally touching the mouth
 - Gluten Products (>20 ppm) with Risk of Cross-contact
 - Play-Doh
 - Sensory tables with dry and wet pasta
 - Paper Mache
- Discourage the sharing of instruments that may come in contact with mouths
 - Soprano Recorders

Safe Practices

- **Cross-contact** is when an allergen is unintentionally transferred from one food to another
- Proper cooking does not reduce or eliminate the chances of a food allergy reaction in the case of cross-contact
- Use terms such as “Peanut Aware” not “Peanut Free”
- Develop procedural safeguards process and food allergy management plan

Safe Practices

- Check and maintain product labels
 - Contains allergen
 - May contain allergen
 - Produced on a line where allergen is present
- Re-check labels if the provider or products change
- Watch for allergen alerts and product recalls
- Provide a safe place for students with food allergies to eat
 - Do not deny access to meal program
 - Consult parents related to this implementation

Milk Substitution: Without Physician's Statement

- Lactose-free milk may be served in place of regular milk without any documentation *unless* a physician's statement directs otherwise
- SFA may provide a milk substitute in place of cow's milk if it meets specific nutrient standards

<u>Milk Substitute Nutrition Standards Nutrient Per Cup (8 Fl. Oz.)</u>	
Calcium – 276 milligram (mg)	Phosphorus – 222 milligram (mg)
Protein – 8 grams (g)	Potassium – 349 milligram (mg)
Vitamin A – 150 micrograms (mcg) retinol activity equivalents	Riboflavin - .44 milligram (mg)
Vitamin D – 2.5 micrograms (mcg)	Vitamin B12 -1.1 micrograms (mcg)
Magnesium – 24 milligram (mg)	

Milk Substitution: With Physician's Statement

- Juice- weekly juice restrictions do not apply
- Water- tap, bottled or cup provided
- Milk substitute not nutritionally equivalent to cow's milk
 - Soy
 - Rice
 - Almond, Cashew
 - Oat
 - Coconut



Childhood Diabetes:

About 352,000 Americans under age 20 are estimated to have diagnosed diabetes, approximately 0.35% of that population.

Childhood Diabetes:

Care of Students with Diabetes Act

<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3284&ChapterID=17>

- **School Nurse**
- **Delegate Care Aide-** a school employee who has agreed to receive training in diabetes care
- **Diabetes Care Plan-** agreement between parent/guardian and the school district

Know your student!

- If you have a student with type 1 diabetes, you should familiarize yourself with their schedule
 - Are they coming in from recess?
 - Are they going to recess next
 - Are they going to gym next?
 - Are they going to be sitting around the rest of the afternoon?

Know your student!

Recognize the signs of low or high blood sugar

- Blurry Vision
- Irritability
- Shaky
- Sweating
- Drowsiness
- Headache

Modification Within Meal Pattern

Carbohydrate Counts for Diabetic Child:

- SFA needs to provide carbohydrate counts to parent/guardian of a diabetic student for each food item served in one daily reimbursable meal choice
- May work with household to identify food items the diabetic student typically eat and provide carbohydrate information specific to those food items



Celiac Disease

Celiac Disease

- Gluten is a protein in wheat, rye and barley
- Three million people in the US are living with celiacs disease
- In the US 83% living with celiac disease are undiagnosed
- Treatment is strict gluten-free diet

Voluntary Recommendations for

MANAGING CELIAC DISEASE IN LEARNING ENVIRONMENTS



<https://celiac.org/wp-content/uploads/2020/05/Celiac-Disease-School-Management-Plan.pdf>

Additional Disorders with Nutrition Implications

Phenylketonuria (PKU)

Autism Spectrum Disorder (ASD)

Avoidant/Restrictive Food Intake Disorder (ARFID)

Phenylketonuria (PKU)

- Metabolic disorder where the body has issues breaking down an amino acid called phenylalanine
- A build-up of phenylalanine is toxic, and can affect intellectual, neurological, and behavioral functions
- PKU is rare, with an occurrence rate of about 0.0001% in the U.S.

PKU & Nutrition

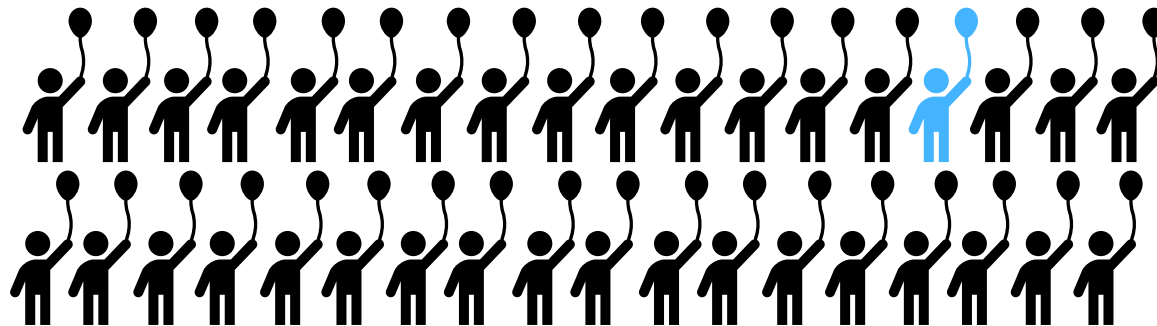
- Restrict phenylalanine by avoiding protein foods
 - Including meat, fish, dairy, eggs, nuts, beans, etc.
- Avoid the artificial sweetener aspartame
- Focus on eating low-protein foods
 - Bread, pasta, fruits, vegetables, and formula
- May have a daily protein limit (grams)



Autism Spectrum Disorder (ASD)

- Developmental disorder affecting the brain causing different behavioral, intellectual, and social conditions
- Spectrum = wide range

1 in 36 children have an ASD diagnosis



ASD & Nutrition

- ASD can cause nutrition and/or mealtime-related issues needing accommodations
- Strong connection to sensory processing
- Some examples include, but are not limited to:
 - Diet-Related: Repetitive food choices, restrictive or avoidant (color, shape, etc.), texture modifications
 - Mealtime Environment: Assistance with feeding themselves, longer mealtimes, quiet environment
 - Gastrointestinal (GI): Acid reflux, upset stomach, constipation, etc.

Avoidant/Restrictive Food Intake Disorder (ARFID)

- Disorder where individuals severely limit the amount or variety of foods they eat
- May be caused by sensory issues, lack of interest, fear/anxiety, trauma
- More serious than "picky eating"
- Differs from eating disorders that stem from body image or weight issues

ASD & ARFID in the School Nutrition Programs

- Examples with medical statements:
 - Dysphagia/Swallowing Issues
 - Texture modifications: no raw fruits or vegetables (only cooked/soft), diced foods (< 8mm)
 - Mealtime Environment
 - Extended time, verbal cues to encourage eating, quiet space, aide assistance
 - Restrictive Menu
 - Providing a short list of specific foods, fast food/brand name items

Tips & Reminders

- When receiving a medical statement, it is not our place to question the medical authority's diagnosis
- Work closely with the child's parent/guardian to clarify any questions
- Have clear and open communications with the parent/guardian about what is feasible for menus
 - e.g., menus may be limited or repetitive

Resources: Legislation Links

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Contact Information

Illinois State Board of Education

Nutrition Department

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