

Accommodating Special Dietary Needs



Celiac Disease:

Ingesting small amounts of gluten, like crumbs from a cutting board or toaster, can trigger small intestine damage.



Childhood Diabetes: About 193,000 Americans under age 20 are estimated to have diagnosed diabetes, approximately 24% of that population.



 4% 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.



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, and 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)

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







Children Without Disabilities

USDA regulations (7 CFR 210.10(m) and 7 CFR 220.88(m))

Allow but do not require, meal modifications for children whose special dietary needs do not constitute a disability including:

- Religious or moral convictions
- General health concerns
- Personal preferences



Modification Within Meal Pattern

- Additional processing of food
 - Puree
 - Whole fruit and vegetable cut/sliced/diced
- Fresh fruit or vegetable cooked
- Substitutions
 - Texture
 - Preference



Modification Within Meal Pattern

- No physician signed medical statements required
- SFA may request a medical statement for documentation
- Do not delay implementation of meal accommodations
- Accept input from parent/guardian or appropriate individuals
- Offer variety when possible
 - Cycle menu
 - Same meal

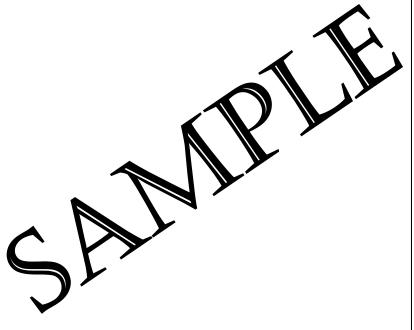


Modification Within Meal Pattern

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





<insert district="" name=""></insert>		
MODIFIED MEAL REQUEST NOT DUE TO A DISABIL	ITY	
Please return completed and signed form to		
TO BE COMPLETE	D BY PARENT OR GUARDIAN	
Name of Student (Last, First):		Grade:
School:		
Parent/Guardian Email:	Daytime Phone:	
Based on information listed below my child will require a menu mo	dification at the following: Breakfest Lunch	☐ Afferscho
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<Insert District Name>

MODIFIED MEAL REQUEST BY PARENT/GUARDIAN

Please return completed and signed form to <INSERT STAFF NAME, EMAIL, DROP OFF LOCATION>

TO BE COMPLETED BY PARENT OR GUARDIAN			
Name of Student (Last, First):		Grade:	
School:			
Parent/Guardian Email:	Daytime Phone:		
Based on information listed below my child will require a mer	nu modification at the following: Breakfast Lunch	☐ Afterschool Snack	
□ Supper □ Other I understand School Food Authority is not required to provide requests based on preference for food substitutions or meal accommodations, made by a parent/guardian or any health professional not licensed in Illinois to prescribe medication.			
Parent/Guardian Name PRINTED	Parent/Guardian SIGNATURE	 Date	



<insert district="" name=""></insert>			
MODIFIED MEAL REQUEST BY PAREN	T/GUARDIAN		
Please return completed and signed form to <	SINSERT STAFF NAME, EMAIL, DROP OFF LOCATION>		
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Name of Student (Last, First):		Grade:	
School:			
Parent/Guardian Email:	Daytime Phone:		
Based on information listed below my child will red	quire a menu modification at the following: Breakfast Lunch	☐ Afterschool Snack	
□ Supper □ Other <u>I understand School Food Authority is not required to provide requests based on preference for food substitutions or meal</u> <u>accommodations, made by a parent/guardian or any health professional not licensed in Illinois to prescribe medication.</u>			
Parent/Guardian Name PRINTED	Parent/Guardian SIGNATURE	 Date	



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	·		
Parent/Guardian Name PRINTED	Parent/Guardian SIGNATURE	Date	



	COMPLETED BY PARENT/GUARDIAN OR	
List all foods to be omitted from a studer	nt's meal, based upon preference, NOT for me	edical reasons: (i.e. meal prep/ meal time(s))
Requested substitutions		
REQUIRED List all requested food and	d/or beverage substitutes:	
Comments:		
Comments.		
Requestor Name Printed	Date	Requestor Signature
	TO BE COMPLETED BY FOOOD SER'	VICE STAFF
Date received:		
Date implemented:		



MAY BE COMPLETED BY PARENT/GUARDIAN OR HEALTH PROFESSIONAL				
List all foods to be omitted from a student's meal, based upon preference, NOT for medical reasons: (i.e. meal prep/ meal time(s))				
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Date implemented:				



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REQUIRED List all requested food and/o	or beverage substitutes:	
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Requestor Name Printed	Date	Requestor Signature
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	TO BE COMPLETED BY FOOOD SER	RVICE STAFF
Date received:		
Date implemented:		



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



Food Allergy: Non-Life-Threatening

- Hypersensitivity from 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



Food Allergy: Life-Threatening





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

Milk Substitute Nutrition Standards Nutrient Per Cup (8 Fl. Oz.)		
Calcium – 276 mg	Phosphorus – 222 mg	
Protein – 8 g	Potassium – 349 mg	
Vitamin A – 500 IU	Riboflavin44 mg	
Vitamin D – 100 IU	Vitamin B12 -1.1 mcg	
Magnesium – 24 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



Meal Modification Documentation

- Identify food to be omitted from a student's diet
- Provide information for food service staff to identify a reaction
- List foods safe to serve as substitutes
- Signature of physician or medical authority licensed by the State of Illinois to prescribe medication

^{*}Recommended: share with the school nurse, classroom teacher(s), transportation and all other areas responsible for the student.



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.



ISBE- Sample Modified Meal Request Form

TO BE COMPLETED B	Y PARENT OR GUARDIAN	
Name of Student (Last, First):		Grade:
School:		
Parent/Guardian Email:	Daytime Phone:	
Based on information listed below my child will require a menu modific	cation at the following: Breakfast Lunch	☐ Afterschool Snack
understand it is my responsibility to renew this form each school	ol year and/ or any time my child's medical or	health needs change.
Parent/Guardian Name PRINTED F	Parent/Guardian SIGNATURE	Date
TO BE COMPLETED BY MEDICAL AUTHORITY (Li The Dietary Needs below are related to (ex: Celiac Disease, Lactose I food To BE OMITTED from diet' (check appropriate boxes below) Dairy - Fluid milk, cheese, yogurt, and other dairy ingred Fluid Milk - Milk to drink Peanuts - Peanuts, Peanut Butter, Peanut oil. Tree Nuts - Almonds, hazelnuts, and cashews. Wheat - Wheat-based grains such as buns, crackers, pa	Intolerance, Diabetes, Anaphylactic Food Allergy (
Gluten – Wheat, rye, barley, and non-certified oats. Fish – Fin-fish such as cod and tilapia Shellfish – Shrimp and crab Egg – Visible egg in a dish such as an omelet Egg Ingredients – Egg white, egg yolk or whole egg as a sobean – Textured Soy Protein, Textured Vegetable Prosophean Ingredients – Soy protein concentrate, soy protein other –	an ingredient rotein, tofu, and whole soybeans (edamame	
*Examples of individual food allergens provided are not all-inclusive, of Food Management Plan	other foods may apply.	
What are the student's possible reactions to the indicated allergen	(s) or conditions?	
REQUIRED List all acceptable and safe food or beverage substitut	es:	
Comments:		
Prescribing Physician/Medical Authority Name Printed	Prescribing Physician/Medical	Authority Signature
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	LETED BY FOOD SERVICE	



ISBE- Sample Modified Meal Request Form

<insert District Name>

MEDICAL AUTHORITY MODIFIED MEAL REQUEST FORM

Please return completed and signed form to <INSERT STAFF NAME, EMAIL, DROP OFF LOCATION>

TO BE COMPLETED BY PARENT OR GUARDIAN				
Name of Student (Last, First):	Gra	ade:		
School:				
Parent/Guardian Email:	Daytime Phone:			
Based on information listed below my child will require a	menu modification at the following: □ Breakfast □ Lunch □	Afterschool Snack		
□ Supper □ Other I understand it is my responsibility to renew this form each school year and/ or any time my child's medical or health needs change.				
Parent/Guardian Name PRINTED	Parent/Guardian SIGNATURE	Date		

ISBE- Sample Modified Meal Request Form

<insert district="" name=""></insert>				
MEDICAL AUTHORITY MODIFIED MEAL	MEDICAL AUTHORITY MODIFIED MEAL REQUEST FORM			
Please return completed and signed form to <insert drop="" email,="" location="" name,="" off="" staff=""></insert>				
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Parent/Guardian Name PRINTED	Parent/Guardian SIGNATURE	Date		



Illinois State Board of Education

ISBE- Sample Modified Meal Request Form

TO BE COMPLETED BY MEDICAL AUTHORITY (Licensed by State of Illinois to prescribe medication)

Law are related to (ex: Celiac Disease Lactose Intolerance Diabetes Anaphylactic Food Alloray) Food To BE OMITTED from diet* (check appropriate boxes below) **Dairy** – Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey. Fluid Milk – Milk to drink Peanuts - Peanuts, Peanut Butter, Peanut oil. Tree Nuts - Almonds, hazelnuts, and cashews. Wheat – Wheat-based grains such as buns, crackers, pasta, and wheat as an ingredient. **Gluten** – Wheat, rye, barley, and non-certified oats. Fish – Fin-fish such as cod and tilapia Shellfish - Shrimp and crab Egg – Visible egg in a dish such as an omelet Egg Ingredients – Egg white, egg yolk or whole egg as an ingredient Soybean – Textured Soy Protein, Textured Vegetable Protein, tofu, and whole soybeans (edamame). Soybean Ingredients – Soy protein concentrate, soy protein isolate, soy sauce, soy flour, and unrefined soy bean oil Other -*Examples of individual food allergens provided are not all-inclusive, other foods may apply. Adjustment to meal preparation (i.e. food puree) and /or serving time(s):

TO BE COMPLETED BY MEDICAL AUTHORITY (Licensed by State of Illinois to prescribe medication)
The Dietary Needs below are related to (ex: Celiac Disease, Lactose Intolerance, Diabetes, Anaphylactic Food Allergy)
Food To BE OMITTED from diet* (check appropriate boxes below)
□ Dairy – Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey.
□ Fluid Milk – Milk to drink
□ Peanuts – Peanuts, Peanut Butter, Peanut oil.
□ Tree Nuts – Almonds, hazelnuts, and cashews.
☐ Wheat – Wheat-based grains such as buns, crackers, pasta, and wheat as an ingredient.
☐ Gluten – Wheat, rye, barley, and non-certified oats.
☐ Fish – Fin-fish such as cod and tilapia
□ Shellfish – Shrimp and crab
□ Egg – Visible egg in a dish such as an omelet
☐ Egg Ingredients – Egg white, egg yolk or whole egg as an ingredient
□ Soybean – Textured Soy Protein, Textured Vegetable Protein, tofu, and whole soybeans (edamame).
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□ Other
*Examples of individual food allargans provided are not all inclusive other foods may apply
Adjustment to meal preparation (i.e. food puree) and /or serving time(s):

Food Management Plan			
What are the student's possible reactions/symptoms to the indicated allergen(s) or conditions?			
REQUIRED LIST All acceptable and Sa	ie <u>iood or beverage subsii</u>	iules.	
Comments:			
Prescribing Physician/Medical Auth	ority Name Printed	Date	Prescribing Physician/Medical Authority Signature
	FOR FOOD SERVICE N	OTES (Other	information, please see back)
Date Received:	By: (employee signat	ure)	
Date Implemented:	By: (employee signat	ure)	
Other information:			

Food Management Plan			
What are the student's possible reactions/symptoms to the indicated allergen(s) or conditions?			
REQUIRED List all acceptable and safe	e <u>tood or beverage substit</u>	<u>tutes</u> :	
Comments:			
Comments.			
Prescribing Physician/Medical Author	rity Name Printed	Date	Prescribing Physician/Medical Authority Signature
FOR FOOD SERVICE NOTES (Other information, please see back)			
Date Received:	By: (employee signat	ure)	
Date Implemented:	By: (employee signate	ure)	
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Food Management Plan				
What are the student's possible reactions/symptoms to the indicated allergen(s) or conditions?				
REQUIRED List all acceptable and safe food or beverage substitutes:				
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	FOR FOOD SERVICE I	NOTES (Othe	r information, please see back)	
Date Received:	By: (employee signa	ature)		
Date Implemented:	By: (employee signa	ature)		
Other information:				



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



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



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

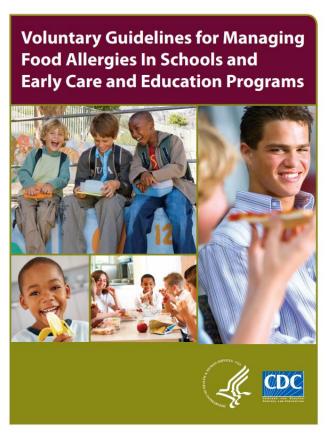


Additional Resources/Training Materials





Center for Disease Control (CDC)



- 104 Page Guide from CDC
- FDA Food Safety Modernization Act (2011)
- Food Allergy Management in Schools
- Action for School Boards/District Staff
- Actions for School Administration and Staff
- Action for Early Care and Education Staff

https://www.cdc.gov/healthyschools/foodallergies/pdf/13 243135 A Food Allergy Web 508.pdf



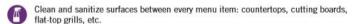
F.A.R.E.- Food Allergy Research & Education

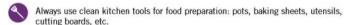
Prevent Cross-Contact

Keep diners with food allergies safe. Even a tiny amount of an allergen can cause a severe and potentially life-threatening allergic reaction.

Cross-Contact	Cross-Contamination
Occurs when an allergen is unintentionally transferred from one food to another	Occurs when microorganisms like bacteria contaminate food
Can cause food allergy reactions	Can cause foodborne illnesses
Proper cooking does NOT reduce or eliminate the chances of a food allergy reaction	Proper cooking may reduce or eliminate the chances of foodborne illness







Prepare meals on top of barriers like cutting boards, foil, deli paper, etc.

Remember: If a mistake is made, you must start over and remake the allergy-friendly

Proper Cleaning to Remove Allergens

















Top 8 Allergens But over 170 foods have caused food allergy reactions

www.foodallergy.org 602016, Food Allergy Research & Education GARE



https://www.foodallergy.org/

Sources of Cross-Contact

Cross-contact occurs when an allergen is unintentionally transferred from one food to another. Even a tiny amount of an allergen can cause a severe and potentially life-threatening reaction.

Source of Cross-Contact	Example:		
Hands	Handling shrimp and then preparing a salad Touching almonds and then making pasta		
Utensils, cutting boards, baking sheets, pots & pans	Using the same spatula to flip a hamburger after a cheeseburger Slicing cheese and then vegetables on the same cutting board		
Preparation and cooking surfaces	Preparing different kinds of sandwiches on the same countertop Cooking fish and chicken on the same flat top grill		
Steam, spiatter, flour dust and crumbs	Steam from cooking fish or shellfish touches nearby foods Baking flour from pancake mix spiatters onto bacon		
Refrigerators, freezers and storage areas	Ranch dressing drips onto a vinaigrette stored on a lower shelf Milk leaks onto margarine stored on the same shelf		
Deep fryers and cooking oils	Making french fries in a deep fryer after chicken tenders Reusing cooking oil to sauté green beans after sautéing fish		
Condiments, nut butters and jelly/jams	Dipping a knike used to spread peanut butter into a jelly jar Touching the tip of a squeeze ketchup bottle to a breaded chicken breast		
Shortcuts	Picking croutons off a salad Scraping eggs off a piale		

Proper Cleaning to Remove Allergens







Dry with a fresh cloth

Wash with warm, soapy water

Rinse with clean water

For each new item, use clean:

Hands Latex-Free Gloves

Utensils Surfaces

Oil and Water Pots/Pans/Baking Sheets

















Top 8 Allergens But over 170 foods have caused food allergy reactions

www.foodallergy.org 402016, Food Allegyy Resourch & Education (EAR)





Resource Guide (CDC)

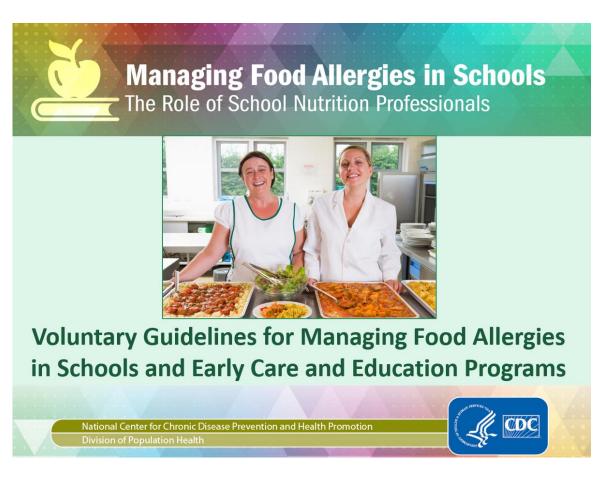


- 4 Page Guide from CDC
- Federal Resources
- National Nongovernmental Resources

https://www.cdc.gov/healthyschools/foodallergies/pdf/resources 508 tagged.pdf



School Nutrition Professionals- Training Materials

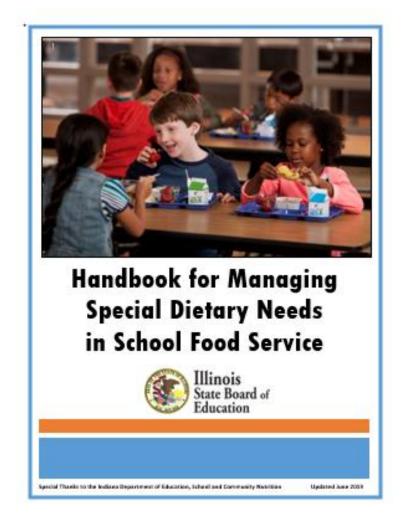


- Presentation for School Nutrition Staff
- 17 slides with notes

https://www.cdc.gov/healthyschools/foodallergies/pdf/Nutrition_Professionals_FINAL.pptx



Illinois State Board of Education



https://www.isbe.net/Pages/School-Nutrition-Special-Dietary.aspx



Resource Links

- Allergyhome. org resources for schools. Available at http://www.allergyhome.org/schools/.
- Food Allergy Resource and Education (FARE). Available at http://www.foodallergy.org/resources/schools.
- National Association of School Nurse (NASN), Food Allergy and Anaphylaxis Tool Kit. Available at https://www.nasn.org/nasn/nasn-resources/practice-topics/allergies-anaphylaxis
- CDC Food Allergies in Schools Toolkit. Available at https://www.cdc.gov/healthyschools/foodallergies/toolkit.htm
- USDA "The Food Allergy Book" Available at https://www.fns.usda.gov/food-allergy-book-what-school-employees-need-know



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