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Glossary

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Americans With Disabilities Act (ADA)
Anaphylaxis/Anaphylactic Reaction
Disability
Food Allergy
Food Intolerance
Free Appropriate Public Education (FAPE)
Individuals With Disabilities Education Act (IDEA)
Individualized Education Program (IEP)
Osteopathic Physician or Doctor of Osteopathic Medicine
Special Dietary Needs
Recognized Medical Authority
Registered Dietitian
Licensed Dietitian
Rehabilitation Act of 1973

Accommodating Children With Special Dietary Needs

In recent years, we have seen increasing emphasis on the importance of ensuring children with disabilities have the same opportunities as other children to receive an education and education-related benefits, such as school meals.

Congress first addressed this concern in The Rehabilitation Act of 1973, which prohibits discrimination against qualified persons with disabilities in the programs or activities of any agency of the federal government's executive branch or any organization receiving federal financial assistance.

Subsequently, Congress passed the Education of the Handicapped Act (now, the Individuals with Disabilities Education Act), which requires a free and appropriate public education be provided for children (ages 3 through 21) with disabilities, and the Americans with Disabilities Act, a comprehensive law that broadens and extends civil rights protections for Americans with disabilities.

One effect of these laws has been an increase in the number of children with disabilities who are being educated in regular school programs. In some cases, the disability may prevent the child from eating meals prepared for the general school population.

The U.S. Department of Agriculture's (USDA) nondiscrimination regulation, as well as the regulations governing the National School Lunch Program and School Breakfast Program, make it clear that substitutions to the regular meal must be made for children who are unable to eat school meals because of their disabilities when that need is certified by a licensed physician.

In most cases, children with disabilities can be accommodated with little extra expense or involvement. The nature of the child's disability, the reason the disability prevents the child from eating the regular school meal and the specific substitutions needed must be specified in a statement signed by a licensed physician. Often, the substitutions can be made relatively easily. There are situations, however, which may require additional equipment or specific technical training and expertise. When these instances occur, it is important that Child Nutrition (CN) staff and parent(s) be involved at the outset in preparations for the child's entrance into the school.

This guidance describes some of the factors that must be considered in the early phases of planning and suggests ways in which Child Nutrition (CN) staff can interact with other responsible parties in the school and the community at large to serve children with disabilities. The guidance is based on the USDA policy, *Meal Substitutions for Medical or Other Special Dietary Reasons*.

Serving children with disabilities presents CN staff with new challenges as well as rewards. This guidance presents information on how to handle situations that may arise and offers advice about such issues as funding and liability.

Definitions of Disability and of Other Special Dietary Needs

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, a “person with a disability” is any person who 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.

The term “physical or mental impairment” includes many diseases and conditions, a few of which may be orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases, such as diabetes or phenylketonuria (PKU); food anaphylaxis (severe food allergy); mental retardation; emotional illness; drug addiction and alcoholism; specific learning disabilities; HIV disease and tuberculosis.

Major life activities covered by this definition include caring for one’s self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Individuals With Disabilities Education Act

The *Individuals with Disabilities Education Act* (IDEA) defines a child with a “disability” as one who is evaluated in accordance with IDEA as having one or more of the recognized 13 disability categories and who, by reason thereof, needs special education and related services.

IDEA recognizes 13 disability categories that establish a child’s need for special education and related services. These disabilities include: autism; deaf-blindness; deafness or other hearing impairments; mental retardation; orthopedic impairments; other health impairments due to chronic or acute health problems, such as asthma, diabetes, nephritis, sickle cell anemia, a heart condition, epilepsy, rheumatic fever, hemophilia, leukemia, lead poisoning, tuberculosis; emotional disturbance; specific learning disabilities; speech or language impairment; traumatic brain injury; and visual impairment, including blindness which adversely affects a child’s educational performance; and multiple disabilities.

Attention deficit disorder or attention deficit hyperactivity disorder may fall under one of the 13 categories. Classification depends upon the particular characteristics associated with the disorder and how the condition manifests itself in the student, which will determine the category.

The Individualized Education Program or IEP is a written statement for a child with a disability that is developed, reviewed and revised in accordance with the IDEA and its implementing regulations. The IEP is the cornerstone of the student's educational program that contains the program of special education and related services to be provided to a child with a disability covered under the IDEA.

Some states supplement the IEP with a written statement specifically designed to address a student's nutritional needs. Other states employ a "Health Care Plan" to address the nutritional needs of their students. For ease of reference, the term "IEP" is used to reflect the IEP as well as any written statement designating the required nutrition services.

When nutrition services are required under a child's IEP, school officials must ensure that CN staff are involved early in decisions regarding special meals.

Physician's Statement for Children With Disabilities

USDA regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify:

- the child's disability;
- an explanation of why the disability restricts the child's diet;
- the major life activity affected by the disability;
- the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

In Cases of Food Allergy

Generally, children with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA. **Child Nutrition may, but is not required to, make food substitutions for them.**

However, when in the licensed physician's assessment food allergies may result in severe, life-threatening (anaphylactic) reactions, the child's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.

Other Special Dietary Needs

Child Nutrition may make food substitutions, at their discretion, for individual children who do not have a disability but who are medically certified as having a special medical or dietary need.

Such determinations are only made on a case-by-case basis. This provision covers those children who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Medical Statement for Children With Special Dietary Needs

Each special dietary request must be supported by a statement that explains the food substitution that is requested. It must be signed by a recognized medical authority. In these cases, recognized medical authorities may include physicians, physician assistants or advanced practice nurses.

The medical statement must include:

- an identification of the medical or other special dietary condition that restricts the child's diet;
- the food or foods to be omitted from the child's diet; and the food or choice of foods to be substituted.

School Issues

The CN Program, like the other programs in the school, is responsible for ensuring that its benefits (meals) are made available to all children, including children with disabilities. This raises questions in a number of areas:

- What are the responsibilities of Child Nutrition?
- Where can additional funds be obtained?
- Who can provide more information and technical assistance?

Child Nutrition Responsibilities

- The CN staff must make food substitutions or modifications for students with disabilities.
- Substitutions or modifications for children with disabilities must be based on a prescription written by a licensed physician.
- The CN staff is encouraged, but not required, to provide food substitutions or modifications for children without disabilities but with medically certified special dietary needs who are unable to eat regular meals as prepared.
- Substitutions for children without disabilities but with medically certified special dietary needs must be based on a statement by a recognized medical authority.
- Under no circumstances are CN staff to revise or change a diet prescription or medical order.
- For USDA's basic guidelines on meal substitutions and accessibility, see *Meal Substitutions for Medical or Other Special Dietary Reasons*.
- It is important that all recommendations for accommodations or changes to existing diet orders be documented in writing to protect the school and minimize misunderstandings. Schools should retain copies of special, non-meal pattern diets on file for reviews.
- The diet orders do not need to be renewed on a yearly basis; however, schools are encouraged to ensure that the diet orders reflect the current dietary needs of the child.

Providing Special Meals to Children With Disabilities

Child Nutrition is required to offer special meals, at no additional cost, to children whose disability restricts their diet as defined in USDA's nondiscrimination regulations.

- If a child's IEP includes a nutrition component, the school should ensure that CN staff are involved early in decisions regarding special meals or modifications.

- CN is not required to provide meal services to children with disabilities when the meal service is not normally available to the general student body, unless a meal service is required under the child's IEP.

For example, if a school breakfast program is not offered, Child Nutrition is not required to provide breakfast to the child with a disability, unless this is specified in the child's IEP.

However, if a student is receiving special education and has an IEP and the IEP indicates that the child needs to be served breakfast at school, then the school is required to provide this meal to the child and may choose to have the CN handle the responsibility. This is discussed in more detail in Situation 2 on page 13.10 of this section.

Menu Modifications for Children With Disabilities

Children with disabilities who require changes to the basic meal (such as special supplements or substitutions) are required to provide documentation with accompanying instructions from a licensed physician.

This is required to ensure that the modified meal is reimbursable and to ensure that any meal modifications meet nutrition standards that are medically appropriate for the child.

Texture Modifications for Children With Disabilities

For children with disabilities who require modifications in texture (such as chopped, ground or pureed foods), a licensed physician's written instructions indicating the appropriate food texture is recommended but not required.

However, the district may apply stricter guidelines and require that the school keep on file a licensed physician's statement concerning needed modifications in food texture.

- In order to minimize the chance of misunderstandings, it is recommended that CN staff, at a minimum, maintain written instructions or guidance from a licensed physician regarding the texture modifications to be made. For children receiving special education, the texture modification should be included in the IEP.
- The CN staff must follow the instructions that have been prescribed by the licensed physician.

Serving the Special Dietary Needs of Children Without Disabilities

Children without disabilities but with special dietary needs requiring food substitutions or modifications may request that CN meet their special nutrition needs.

- The district will decide these situations on a case-by-case basis. Documentation with accompanying information must be provided by a recognized medical authority.
- While districts are encouraged to consult with recognized medical authorities where appropriate, schools are not required to make meal modifications based on food choices of a family or child regarding a healthful diet.

Funding Sources

Price of Meals

Meals must be served free or at a reduced price (a maximum of 40 cents for lunch, 30 cents for breakfast and 15 cents for snacks) to children who qualify for these benefits regardless of whether or not they have a disability.

Schools may not charge children with disabilities or with certified special dietary needs who require food substitutions or modifications more than they charge other children for program meals or snacks.

Incurring Additional Expenses

In most cases, children with disabilities can be accommodated with little extra expense or involvement. If additional expenses are incurred in providing food substitutions or modifications for children with special needs, generally the district should be able to absorb the cost of making meal modifications or paying for the services of a registered dietitian.

When CN has difficulty covering the additional cost, the school district's general fund may be used.

Any additional funding received by CN for costs incurred in providing special meals must accrue to the nonprofit CN account.

Legal Concerns and Liability in Working with Children With Disabilities

A growing body of federal law clearly intends that children with disabilities have the same rights and privileges and the same access to benefits, such as school meals, as children without disabilities. Consequently, schools that do not make appropriate program accommodations for children with disabilities could be found in violation of federal civil rights laws.

School administrators and CN staff should be aware of two issues involving liability: (1) the school's responsibility for providing program accommodations for children with disabilities and (2) the question of personal responsibility in cases of negligence.

School Responsibility to Make Accommodations

Section 504 Rehabilitation Act of 1973

Section 504 of the *Rehabilitation Act of 1973* specifically mandates that:

“no otherwise qualified individual with a disability shall solely by reason of his or her disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

This mandate is incorporated in USDA's nondiscrimination regulations.

Individuals With Disabilities Education Act

Part B of the *Individuals with Disabilities Education Act (IDEA)* assists states and school districts in making a “free appropriate public education” available to eligible students.

Under IDEA, a “free appropriate public education” means special education and related services provided under public supervision and direction in conformity with an individualized education program (IEP) at no cost to parents.

In appropriate situations, nutrition services could be considered “special education” (specially designed instruction) or a “related service,” (support services required to assist a child with a disability to benefit from special education).

Title II

Americans with Disabilities Act

Title II of the *Americans with Disabilities Act (ADA)*, enacted in 1990, requires equal availability and accessibility in state and local government programs and services, including public schools.

In this respect, the ADA underscores the statutory prohibition of Section 504 of the Rehabilitation Act of 1973, against discrimination on the basis of disability by programs receiving federal funding, such as reimbursement under the school meal programs.

Title II of the ADA does not impose any major new requirements on school districts because the requirements of Title II and Section 504 are similar. Virtually all school districts receive federal financial assistance and have been required to comply with Section 504 for many years.

Personal Responsibility in Cases of Negligence

In order to accommodate a child with a disability, the school must ensure that both facilities and personnel are adequate to provide necessary services.

In some cases, it may be advisable for specially trained personnel, such as a registered dietitian, to provide guidance to the CN staff on how to modify a child’s meals to comply with requirements as provided in the licensed physician’s statement.

Moreover, for certain children with disabilities, it may be necessary to have a nurse or trained health aide feed the child or have a specially trained professional, such as a special education teacher, occupational therapist, or speech therapist, assist the child to develop and improve his or her eating skills.

Administering Feedings

For children requiring assistance in eating, the determination of who will feed the child is a local school decision.

While the CN is specifically responsible for providing the necessary foods needed by a child with a disability, it is not the specific responsibility of the CN staff to physically feed the child.

Furthermore, schools should be aware that they could be held liable if persons without sufficient training are performing tasks or activities, such as developing or modifying a diet order prescribed by a licensed physician or administering tube feedings.

Diet Orders

If CN staff have questions about the diet order, the prescribed meal substitutions, or any other modifications that are required, the child's physician and/or a registered/licensed dietitian should be consulted. If the CN director cannot obtain local level assistance, the state agency should be consulted for technical assistance.

Under no circumstances should the CN staff diagnose health conditions, perform a nutritional assessment, prescribe nutritional requirements, or interpret, revise or change a diet order.

Negligence

If a mishap should occur, personal liability would normally depend on whether or not the person responsible for the feeding has been negligent.

In these cases, a determination that a person acted negligently would be made on the basis of state laws and the facts in the individual situation.

In general, negligence occurs when a person fails to exercise the care expected of a prudent person.

Persons involved with special feeding operations should, therefore, make sure that they thoroughly understand the required procedures and techniques and are careful to follow instructions.

For specific guidance concerning personal liability, the school officials should contact state or local legal counsel.

Situations and Responses

In order to provide some practical guidelines, this section discusses several situations which are relatively common and which have raised questions in the past. These examples have been included because they illustrate certain principles and give general direction on what schools and institutions must do under the law. In all situations where a student's IEP indicates nutritional requirements or components, schools must make these accommodations.

Remember that circumstances vary from case to case. Schools should not automatically assume the responses given in this section would always apply. When an actual situation occurs that has elements different from those discussed here, the state agency should be consulted for guidance.

The examples in this section have been grouped under the following topics:

- meals and/or foods outside of the normal meal service
- special needs that may or may not involve disabilities
- responsibilities of food service management companies and other Child Nutrition operations
- feeding in separate facilities — generally not acceptable
- temporary disabilities
- complicated feedings
- Child Nutrition account and
- documentation

Meals and/or Foods Outside of the Normal Meal Service

Situation 1:

As part of the therapy for a child with a disability, the licensed physician has required the child to consume six cans of cranberry juice a day. The juice is to be served at regular intervals and some of these servings would occur outside of the normal school meal periods. Is Child Nutrition required to provide all of the servings of juice?

Response:

No. The general guideline in making accommodations is that children with disabilities must be able to participate in and receive benefits from programs that are available to children without disabilities.

In this example, the CN would be required to provide (and pay for) cranberry juice as part of the regular reimbursable breakfast, lunch and/or snack service. However, the CN would not be required to pay for other servings throughout the school day unless specified in the Individualized Education Plan (IEP).

It must be recognized that there will be exceptions to this general rule. For example, residential child care institutions (RCCI), such as juvenile correction facilities, may be required to provide additional foods or servings since the child would have no other recourse for meals.

It must be stressed that such accommodation would depend on the specific circumstances of each case and, in any event, would go beyond obligations under the Child Nutrition Programs.

In general, additional servings beyond what is required under the program meal may, but need not, be charged to the nonprofit CN account.

Situation 2:

A child with a disability must have a full breakfast each morning. Is Child Nutrition required to provide a breakfast for this child even though a breakfast program is not available for the general school population?

Response:

As noted above, CN is not required to provide services and meals to children with disabilities that are not otherwise available to children who are not disabled. If the school does not have a breakfast program already, it does not need to initiate a program exclusively for children with disabilities.

However, if the IEP requires that a child receive a breakfast at school, the school must provide the service and may choose to have CN handle the responsibility.

Situation 3:

A licensed physician has prescribed portion sizes that exceed the minimum quantity requirements set forth in the regulations. Is the school required to provide these additional quantities?

Response:

Yes. The school must provide the child food portions that exceed the minimum quantity requirements if specifically prescribed in the licensed physician's statement.

Special Needs Which May or May Not Involve Disabilities

Situation 4:

A child has a life threatening allergy that causes an anaphylactic reaction to peanuts. The slightest contact with peanuts or peanut derivatives, usually peanut oil, could be fatal. To what lengths must CN go to accommodate the child? Is it sufficient for CN to merely avoid obvious foods, such as peanut butter, or must CN staff research every ingredient and additive in processed foods or regularly post all of the ingredients used in recipes?

Response:

The school has the responsibility to provide a safe, non-allergic meal to the child if it is determined that the condition is disabling. To do so, CN staff must make sure that all food items offered to the allergic child meet prescribed guidelines and are free of foods that are suspected of causing the allergic reaction.

This means that the food labels or specifications will need to be checked to ensure they do not contain traces of such substances. In some cases, the labels will provide enough information to make a reasonable judgment possible. If they do not provide enough information, it is the responsibility of CN to obtain the necessary information to ensure that no allergic substances are present in the foods served.

In some cases, it may be necessary to contact the supplier or the manufacturer or to check with the state agency. Private organizations, such as the Food Allergy and Anaphylaxis Network, may also be consulted for information and advice. It is also wise to check with parents about certain foods and even provide them with advance copies of menus.

The general rule in these situations is to exercise caution at all times. Do not serve foods to children at risk for anaphylactic reactions if you do not know what is in those foods. It is important to recognize that a child may be provided a meal, which is equivalent to the meal served to other children, but not necessarily the same meal.

Sometimes, it will be advisable to prepare a separate meal “from scratch” using ingredients that are allowed on the special diet rather than serving a meal using processed foods.

Situation 5:

A child has a health condition that does not meet the definition of “disability” set forth in the legislation and regulations. For example, the child is overweight (but not “morbidly” so) or the child has elevated blood cholesterol. Is the school obligated to accommodate the special dietary needs of this child?

Response:

The school may make substitutions for children who are not considered to be disabled but who should avoid certain foods. However, the school is not required to do so. When the school does elect to accommodate children without disabilities, it must have a supporting statement signed by a recognized medical authority on file.

In most cases, the dietary needs of such children can be accommodated at the school site and institutions where a variety of nutritious foods are available for individual choice. In addition, the “offer versus serve” provision, which allows students the option to decline one or two foods in the normal (reimbursable) school meal, may be of assistance in accommodating an individual’s particular diet.

Situation 6:

A child’s parents have requested that the school prepare a strict vegetarian diet for their child based on a statement from a health food store “nutrition advisor” who is not a licensed physician. Must the school comply with this request?

Response:

No. The school is responsible only for accommodating those conditions meeting the definition of disability as described by USDA. Schools are not required to make food substitutions based on food choices of a family or child regarding a healthful diet.

Responsibilities of Food Service Management Companies (FSMC) and Other Child Nutrition Program Operations

Situation 7:

A school district has contracted with a FSMC to operate the CN Program. Is the FSMC obligated to accommodate children with disabilities?

Response:

Yes. The school is always required to ensure that any benefits available for the general school population are equally available to children with disabilities. Consequently, accommodations for these children must be made regardless of whether the school district operates the CN Program itself or contracts with an FSMC to do so.

However, as a procurement issue, accommodations for children with disabilities must be included in the contract. Districts that do not have any need for special dietary accommodations at the time a FSMC bid is prepared should still include sufficient information in the bid to ensure that the FSMC is aware that dietary accommodations may be required during the term of the contract.

Situation 8:

Some schools purchase items from nationally recognized fast-food chains and sell these items on an “a la carte” basis. These items are frequently sold in a setting such as a kiosk that uses the chain’s logo or otherwise advertises the product. What obligation, if any, does the fast-food chain have to provide alternative meals?

Response:

When the school purchases and sells the product itself, the fast-food chain incurs no more obligations than any other wholesaler or retailer of food products. Consequently, it is important that parents, CN staff and other involved school personnel identify and discuss the particular needs of children with special needs and take steps to ensure such children, especially very young children, do not purchase “a la carte” items that can be harmful to them.

Technically, food items sold strictly on an “a la carte” basis are not part of a reimbursable meal. The food items are not subject to program regulations as long as they do not belong to any of the categories of foods of minimal nutritional value. The fast-food chain may not be under the obligation to provide alternate food items, unless this is explicitly stated in its contract to vend food items to the school.

However, schools would be well advised to obtain from the food chain or vendor(s) specific information on the ingredients in the food products purchased, particularly if there are children diagnosed at risk of severe food allergies who are participating in the food service. Furthermore, the school may want to consider including such product information as a specification in its contract with the chain or vendor.

Feeding in Separate Facilities—Generally Not Acceptable

Situation 9:

A school wishes to serve meals to children with disabilities in an area separate from the cafeteria where the majority of school children eat. May the school establish a separate facility for these children?

Response:

Federal civil rights legislation, including Section 504 of the *Rehabilitation Act of 1973*, IDEA and Title II of the ADA, requires that in providing for or arranging for the provision of nonacademic services and extracurricular activities, including meals, school districts must ensure that students with disabilities participate along with children without disabilities to the maximum extent appropriate to the needs of students with disabilities.

In general, children with disabilities must be allowed to participate with other children to the maximum extent appropriate. In this way, the child has the opportunity to interact with and learn from children without disabilities. The school must not segregate children with disabilities on the basis of convenience to the school or to other children.

In rare instances, however, it may be to a child's benefit to be served separately. For instance, a child with severe motor disabilities may be able to receive individualized attention in handling eating utensils if a special education specialist is able to work with them outside the cafeteria.

Nevertheless, it must be emphasized that in all cases, the decision to feed children with disabilities separately must always be based on what is appropriate to meet the needs of the children. Schools cannot segregate children with disabilities based on the convenience of the school or other children.

Temporary Disabilities

Situation 10:

A child was involved in an accident and underwent major oral surgery. As a result, the child will be unable to consume food for a period of time unless the texture is modified. Is the school obligated to make this accommodation even though the child will not be permanently disabled?

Response:

A child's whose disability restricts their diet must be provided substitutions or modifications to foods regardless of the duration of the disability.

Complicated Feedings

Situation 11:

A child enrolled in the school will require tube feedings. Is CN only required to pay for and provide the food or are the costs for the school nurse, an aide or a specially trained professional to administer the feeding also assigned to CN?

Response:

It must be emphasized that the overall responsibility for accommodating children with disabilities rests with the school district. The school district administration is responsible for allocating the district's costs of accommodating children with disabilities and for deciding which personnel will work with individual children.

In most instances involving food substitutions, the CN account will be used to pay the cost of special food and food preparation equipment, and foodservice personnel will generally be responsible for providing the alternate meal. For example, if a child must have a pureed meal, it is reasonable to expect the CN to purchase a blender or food processor and to have the meal prepared by the CN staff.

In the case of more delicate operations, such as tube feeding, it is advisable that commercial nutritive formulas, prescribed by a licensed physician and specially designed for tube feedings, be used rather than a school blenderized formula, which may be subject to spoilage and may not always have the correct consistency or nutritive content. Proper administration of this type of feeding generally requires the skills of specially trained personnel, such as nurses or the special trained aides who regularly work with the child.

Special labor costs may be covered through special education funds if the child has an IEP. If the child does not have an IEP, these costs may, as appropriate, be charged in part to the CN account or may be assigned to the school district's general fund or to other funding sources.

Situation 12:

A child with a disability is on a number of medications. The physician's statement is well defined and includes menus with specific foods. If a situation arises where specific foods are out of stock, should CN make substitutions on an "as necessary" basis?

Response:

No. The CN staff cannot decide what substitutions are appropriate for a given child. CN staff should not choose the substitutions themselves because a child may be on a specific medication, which could interact in a negative way with a particular food item. Ideally, a list of appropriate substitutions should accompany the menus and the foods should be on hand on a regular basis. If such a list is not available, CN staff must ask parents to obtain from the child's physician (or the individual who planned the child's menus) a list of those foods that may be substituted.

Child Nutrition Account

Situation 13:

A child with a disability needs to consume six cans of a nutritional supplement during the school day: two cans at breakfast, one can as a midmorning snack, two cans at lunch and one can as a mid-afternoon snack. The cost of the breakfast and lunch supplements is allowable CN expenses. If the school chooses to offer the additional supplement at the mid-morning and mid-afternoon snack period, are these allowable costs to the CN account?

Response:

Yes. While it is not required that these costs be charged to the nonprofit CN account, these supplements are a legitimate charge to CN.

Situation 14:

A child with a disability requires the services of the school nurse for assistance in feeding at lunch. Can the CN account be billed for the services of non-CN personnel, such as the school nurse or special aide who may be assisting in the feeding of the child or other nutrition-related activity?

Response:

Yes. The services of any personnel necessary to the CN can be paid by the CN account on a pro rata basis. It must be emphasized, however, that the CN account may only pay for the amount of time that the person actually spends on activities related to the CN. If a school nurse spends one hour per day feeding a child with a special need, then only that portion of his/her salary can be charged to the CN account, not the entire salary. If the child is receiving special education and the child's IEP includes a nutrition or feeding component, special education funds may be available to the school to provide required services for the child.

Documentation

Situation 15:

The physician's statement only specifies the medical disability not the required food substitutions. What should the CN director do?

Response:

An appropriate school official (such as the CN director, CN manager or school nurse) must ask parents to obtain more written information from the physician concerning the substitutions or modifications the child requires. If difficulties arise in obtaining the needed information, the parent(s) should be advised of the problem and asked to work with the school to obtain a complete medical statement for the child. It is important that the family understand that the school is unable to provide food substitutions or modifications without an adequate diet order or diet prescription.

In some cases, it may be appropriate and helpful for the physician to provide a written referral to a registered dietitian or other qualified professional for diet substitutions. For further guidance or referral to a registered dietitian, CN directors may contact their state agency.

Sample Documentation for Special Dietary Needs

It is important to document the special nutritional needs of children requiring dietary modifications. Keeping a record will protect the school and minimize misunderstandings. The medical statement does not have to be renewed each year if there are no changes in the diet order. Be sure to note and date any changes in the child's medical condition or diet order.

Eating/Feeding Evaluation

Figure 1 includes a sample Eating and Feeding Evaluation: Children with Special Needs. This form should be completed by a parent, a physician, or other recognized medical authority.

Information Card

Figure 2 gives an example of an information card, which can be used daily by CN staff in the kitchen to prepare meals for the children who have special dietary or medical needs.

(The Information Card and the Eating/Feeding Evaluation Form were adapted, with permission, from forms developed by Susan Woods, R.D., for Bibb County Schools in Georgia.)

Figure 1. Eating and Feeding Evaluation: Children With Special Needs

PART A		
Student's Name		Age
Name of School	Grade Level	Classroom
Does the child have a disability? If Yes, describe the major life activities affected by the disability.	Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.	Yes	No
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.	Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the school food-service.		
PART B		
List any dietary restrictions or special diet.		
List any allergies or food intolerances to avoid.		
List foods to be substituted.		
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite size pieces: Finely ground: Pureed:		
List any special equipment or utensils that are needed.		
Indicate any other comments about the child's eating or feeding patterns.		
Parent's Signature		Date:
Physician or Medical Authority's Signature		Date:

Figure 2. Information Card

Student's Name	Teacher's Name
Special Diet or Dietary Restrictions	
Food Allergies or Intolerances	
Food Substitutions	
Foods Requiring Texture Modifications: Chopped: Finely Ground: Pureed or Blended:	
Other Diet Modifications:	
Feeding Techniques	
Supplemental Feedings	
Physician or Medical Authority: Name Telephone Fax	
Additional Contact: Name Telephone Fax	Additional Contact: Name Telephone Fax
Child Nutrition Representative / Person Completing Form: Title Signature	Date:

Glossary

Americans With Disabilities Act (ADA)

Comprehensive legislation, signed into law on July 26, 1990, that creates new rights and extends existing rights for Americans with disabilities. Title II of the Act is especially significant for the school nutrition programs, as it requires equal availability and accessibility in state and local government programs and services, including public schools.

Anaphylaxis/Anaphylactic Reaction

A rare but potentially fatal condition in which several different parts of the body experience food-allergic reactions at the same time. Symptoms may progress rapidly and include severe itching, hives, sweating, swelling of the throat, breathing difficulties, lowered blood pressure, unconsciousness and even death.

Disability

Under Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act*, “person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases such as diabetes and phenylketonuria (PKU); food anaphylaxis; mental retardation; emotional illness; and drug addiction and alcoholism. Major life activities covered by this definition include caring for one’s self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Under the *Individuals with Disabilities Education Act (IDEA)*, the term “disability” refers to specified physical, mental, emotional or sense impairments, which adversely affect a child’s educational performance. Thirteen recognized disability categories, which establish a child’s need for special education and related services, are listed in IDEA. These disabilities include autism; deaf-blindness; deafness or other hearing impairments; mental retardation; orthopedic impairments; other health impairments due to acute health problems (such as a heart condition, epilepsy or tuberculosis); emotional disturbance; specific learning disabilities; speech or language impairment; traumatic brain injury; visual impairment, including blindness, which adversely affects a child’s educational performance.

Food Allergy

Hypersensitivity from an abnormal response of the body’s immune system to food or food additives that would otherwise be considered harmless. Many of the true food allergy symptoms often resemble allergic reactions to other substances, such as penicillin, drugs, bee stings, hives and itching.

Food Intolerance

An adverse food-induced reaction that does not involve the body's immune system. Lactose intolerance is one example of a food intolerance. A person with lactose intolerance lacks an enzyme that is needed to digest milk sugar. When milk products are consumed symptoms, such as gas, bloating and abdominal pain may occur.

Free Appropriate Public Education (FAPE)

Under the *Individuals with Disabilities Education Act*, FAPE means special education and related services provided under public supervision and direction, in conformity with an individualized education program (IEP), and at no cost to parents. In appropriate situations, nutrition services could be deemed "special education" (specially designed instruction) or a "related service" (support services required to assist a child with a disability to benefit from special education).

Individuals With Disabilities Education Act (IDEA)

Formerly the *Education of the Handicapped Act*, originally enacted in 1975, IDEA includes Part B, the basic grants to states program, which provides federal funds to assist states and school districts in making a free appropriate public education available to eligible students with specified disabilities.

Individualized Education Program (IEP)

The Individualized Education Program or IEP means a written statement for a child with a disability that is developed, reviewed and revised in a meeting in accordance with the IDEA and its implementing regulations. The IEP is the cornerstone of the student's educational program that contains the program of special education and related services to be provided to a child with a disability covered under the IDEA.

Some states supplement the IEP with a written statement specifically designed to address a student's nutritional needs. Other states employ a "Health Care Plan" to address the nutritional needs of their students. For ease of reference the term "IEP" is used to reflect the IEP as well as any written statement designating the required nutrition services.

Licensed Dietitian (L.D.)

A nutrition professional licensed under the laws of the State of Texas to use the title of licensed dietitian. A licensed dietitian applies and integrates scientific principles of nutrition under different health, social, cultural, physical, psychological and economic conditions to the proper nourishment, care and education of individuals or groups to achieve and maintain health throughout the life cycle. The term includes without limitations the development, management and provision of nutritional services.

Osteopathic Physician or Doctor of Osteopathic Medicine

A fully trained physician who is licensed by the state to prescribe medication or to perform surgery. The American Medical Association includes doctors of osteopathy (D.O.) as equal members with medical doctors (M.D.). The majority of doctors of osteopathic medicine are primary care physicians.

Recognized Medical Authority

Physicians, physician assistants or advanced practice nurses.

Registered Dietitian (R.D.)

A nutrition professional who has earned a B.S. or B.A. degree, met basic academic and clinical training requirements and passed the qualifying examination for professional registration for dietetics. The registration program is maintained by the Commission on Dietetic Registration of the American Dietetic Association. R.D.s can answer questions on special diets, menu planning and related topics and conduct a nutritional assessment. An R.D. may work with the physician and school staff to assist in meeting a child's special nutritional needs and to ensure that menus are in compliance with the physician's diet order.

Rehabilitation Act of 1973

The principal federal legislation aimed at promoting the employment and independent living of people with disabilities. Section 504 of Title V of this legislation prohibits discrimination against qualified persons with disabilities in the programs or activities (including hiring practices) of any organization receiving federal financial assistance.

Special Dietary Needs

An individual with a special dietary need is one who does not have a disability, as defined by USDA, but is unable to consume a particular food because of a medical or other special dietary condition. The individual's special dietary need and the needed substitution(s) must be supported by a medical statement from a licensed medical authority or other appropriate health professional as designated by the state. A person with special dietary needs may have a food allergy or intolerance (for example, lactose intolerance) but does not have life-threatening (anaphylactic) reactions when exposed to food(s) to which he/she is allergic.