



CCISD Child Nutrition Department
2023-2024 School Year

Accommodating Students with Medical Disabilities and Special Dietary Needs

The Rehabilitation Act of 1973, Section 504 (Section 504) and the American Disabilities Act (ADA) of 1990 provide regulatory guidance which defines a disability as any physiological disorder or conditions, cosmetic disfigurement, or anatomical loss affecting the body's systems or any mental or psychological disorder which affects one of the major life activities. Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability are still considered to have a disability and require an accommodation.

The school nutrition program (SNP) must provide reasonable accommodations for reimbursable meals at no additional charge, snacks, and a la carte sales⁴ when (1) a student's disability restricts his/her diet and (2) the disability is supported by a medical statement signed by a medical authority that is licensed by the State to write medical prescriptions **or meal accommodation requirement in a student's individualized education program (IEP) as authorized by the Individuals with Disabilities Education Action (IDEA) or the Rehabilitation Act of 1973, Section 504 (Section 504).**

[NOTE: For this section, State is defined as the State of Texas. Any medical authority whose prescription is allowed to be filled by a pharmacy located in Texas under Texas law or regulation may provide a medical statement for a meal accommodation.]

Accommodations for a Medical Disability

In most cases, students with medical disabilities can be accommodated with little extra expense or effort. There are situations, however, which may require additional equipment or specific technical training and expertise. When these instances occur, it is important that food service staff and parent(s) be involved at the outset in preparations for the student's entrance into the school.

Medical Statement

For CCISD Child Nutrition to make a meal accommodation for a student with a medical disability, the household must provide a written medical statement. For a medical statement to be valid, it must be written by a medical authority licensed to write prescriptions by the State or it must be recorded in student's IEP. A medical statement must include the following information in order for the CCISD Child Nutrition to make a meal accommodation:

1. Explanation of the student's disability which includes a description that is sufficient to allow CCISD Child Nutrition to understand how this condition restricts the student's diet and what major life activity is affected by the disability.

[NOTE: The medical statement does not have to include the word disability or name the student's disability. Instead, it must provide sufficient information for CCISD Child Nutrition to determine that there is medical condition that is a disability and how that medical condition affects the student's participation in the meal program.]

2. Description of the accommodation to be made: food items or ingredients to be omitted, special dietary supplements, food items or ingredients to be substituted and other accommodation information as appropriate.

[NOTE: CCISD Child Nutrition is not required to provide name brand products as a substitute for a food item if another product with the same specifications is available. If the medical statement requires a name brand product, CCISD Child Nutrition should contact the household, and the medical authority as appropriate, in order to identify the ingredients that must be included or excluded from the student's meal to ensure that the alternate substitution will meet the same need.]

When a meal meets the specifications described in the medical statement, even if the meal does not meet the meal pattern, the meal is reimbursable.

It is important for CCISD Child Nutrition to remember that it is not CCISD Child Nutrition's responsibility to verify that a disability exists or establish standards for what is a disability. That is the responsibility of medical authority. If a medical authority provides adequate information in the medical statement, CCISD Child Nutrition must accept the medical statement as describing a valid medical disability.

Duration of Medical Statement

When a medical authority provides a written medical statement, the household is not required to provide an annual updated statement from the medical authority. The CCISD Child Nutrition Department, therefore, cannot require the household to provide a new medical statement each year.

However, CCISD Child Nutrition Department may contact the household to ask if the student's medical condition has changed. If the medical condition no longer requires a meal accommodation, the CCISD Child Nutrition Department may ask the parent or guardian to sign a statement indicating that the student no longer needs a meal accommodation before ending the accommodation.

Incomplete or Unclear Medical Statement

The medical statement must include all required information in order for CCISD Child Nutrition to make a meal accommodation. CCISD Child Nutrition cannot implement the accommodation affectively if CCISD Child Nutrition is not given sufficient information to make an appropriate accommodation.

When CCISD Child Nutrition believes the medical statement is unclear or lacks sufficient detail, CCISD Child Nutrition must request appropriate clarification so that a proper and safe meal can be provided.

CCISD Child Nutrition may use the services of a Registered Dietitian Nutritionist (also called Registered Dietitian), when available, to assist in implementing meal accommodations, as appropriate. If clarification is provided by a medical authority, any changes to the medical statement must be provided in writing before CCISD Child Nutrition implements the changes.

Modification or Revision of Medical Statement

CCISD Child Nutrition must not modify, revise, or make changes to a medical statement provided by a medical practitioner.

A La Carte Sales

Section 504 applies to every program, activity, and service provided by the school or associated with school activities in which the student participates. Therefore, meal accommodations for students with medical disabilities apply to all SNP food services, including a la carte sales.

When CCISD Child Nutrition develops its a la carte menu, CCISD Child Nutrition needs to include items which accommodate medical disabilities for each type (i.e., entrees, sides, and beverages) of item sold. The most effective strategy for this process will be for CCISD Child Nutrition to offer more than one entrée item, side item, and beverage.

Special Dietary Meals Cost

These accommodations are provided to the student at no cost and are allowable costs to the program.

Reimbursable Meal

An accommodation may include substituting a different food, beverage item, or ingredient; modifying the texture of a food item; serving a specified portion size; or other appropriate accommodation. A modified meal that meets the specifications as prescribed in a medical statement is not required to meet the meal pattern—the meal is reimbursable. The cost of the meal is an allowable cost.

Texture Modifications for Students with Disabilities

For students with medical disabilities who require modifications in the texture of food items served (such as chopped, ground, or pureed foods), instructions in the form of a medical statement indicating the appropriate food texture is recommended but not required. For students receiving special education, the texture modification should be included in the student's individualized education program (IEP) and/or in the student's file.

The CCISD Child Nutrition Dept. may apply stricter guidelines and require that a written medical statement for texture modifications be provided and kept on file or may require written instructions from the household if the meal accommodation is described in an IEP.

Accommodations for Special Dietary Needs, Not Medical Disability Related

CCISD Child Nutrition Policy on Non-Disability Meal Accommodations:

In cases where a meal accommodation is requested by a parent or guardian and when the student does not have a medical disability or an IEP requirement;

CCISD Child Nutrition Department is not required by USDA or TDA to provide meal accommodations when requested by a parent or guardian when the parent or guardian does not have a medical statement or an IEP required meal accommodation. (For more information go to (WWW.squaremeals.org))

Please see **Request to Block Purchases in the Cafeteria Form**

Milk and Milk substitutions at CCISD Revised July 24, 2017

CCISD Child Nutrition offers 1% milk, Fat Free milk, and Dairy Pure (Lactaid Free milk) at each meal service.

If any other milk is required a doctor's note must be provided.

In Cases of Food Allergy

Generally, children with food allergies or intolerances do not have a disability as defined under Section 504 of the Rehabilitation Act or Part B of IDEA. The SNP department 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

For more information go to www.squaremeals.org – **Accommodating Students with Medical Disabilities and Special Dietary Needs (Section 13)**

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, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form_0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: Texas Department of Agriculture | Food and Nutrition Division Short And Long Funding Statement_English And Spanish.Docx | 5/9/2022 | Page 3 of 3 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov This institution is an equal opportunity provider AJS23



Allergy / Anaphylaxis Care Plan

Student Information

Student Name: _____ DOB: _____ ID: _____

Grade: _____

History of Asthma: No Yes-Higher risk for severe reaction

Health Care Provider: _____ Phone: _____

Health Care Provider Section

The Following Sections are to be completed by the Healthcare Provider Only

Allergy:

Medications (list): _____

Latex (circle): Type 1 (anaphylaxis) Type 2 (Contact Dermatitis) _____

Stinging insects (list): _____

Other: _____

Food: complete Food Allergy Dietary Section below

Is the food allergy life threatening?

Yes

No

Eating

Smelling

Touching

If contact with allergen occurs or if food is ingested:

No Symptoms Noted Observe

for other symptoms:

Administer the checked medication when the symptoms below are present:

Area Affected	Symptoms	Epinephrine .3mg .15 MG Injected into outer thigh	Antihistamine ___ mg by mouth if able to swallow
Mouth	Itching, tingling or swelling of lips, tongue, mouth		
Skin	Hives, itchy rash, swelling of the face or extremities		
Gut +	Nausea, abdominal cramps, vomiting, diarrhea		
Throat +	Tightening of throat, hoarseness, hacking cough		
Lung +	Shortness of breath, repetitive coughing, wheezing		
Heart +	Thread pulse, low BP, fainting, pale, blueness		
Neuro +	Disorientation, dizziness, loss of consciousness		

If the reaction is progressing (several of the above areas are affected) give: _____

+ indicates potentially life-threatening

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Spanish: For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement: Los demás programas de asistencia nutricional del FNS, las agencias estatales y locales, y sus beneficiarios secundarios, deben publicar el siguiente Aviso de No Discriminación: De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, las agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad o realizados o financiados por el USDA. Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla guarden comunicación con el USDA por medio del Federal Relay Service (Servicio Federal de Retransmisión) al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas. Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ascr.usda.gov/complaint_filing_cust.html en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: (1) correo: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; o (3) correo electrónico: program.intake@usda.gov. Esta institución es un proveedor que ofrece igualdad de oportunidades.



Allergy / Anaphylaxis Care Plan

Dosage

This child has received instruction in the proper use of the Auto-injector: EpiPen or Twinjet (circle one). It is my professional opinion that this student SHOULD be allowed to carry and use the auto-injector independently. The child knows when to request an antihistamine and has been advised to inform a responsible adult if the auto-injector is self-administered.

It is my professional opinion that this student SHOULD NOT carry an auto-injector. This child has special needs and the following instructions apply:

Food Allergy Dietary Section

The U.S. Department of Agriculture School Meals Program requires that **all questions be answered** in order for **any** diet modification or substitutions to be made in school meals.

Please Note** We will not modify a menu for a student with a food allergy that is not life threatening. Check all foods that must be omitted:

- Milk
- Dairy
- Peanut/Tree Nut
- Fish/Seafood
- Soy
- Egg
- Wheat
- Other:

Can the student consume foods when the allergen is an ingredient in the food?
(Ex. Scrambled eggs are omitted, but eggs as an ingredient in food are allowed.)

Yes, No Explain (if needed): _____

Please provide additional comments or information related to diet and/or feeding techniques: _____

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Allergy / Anaphylaxis Care Plan

Disabilities Restricted Diets

The U.S. Department of Agriculture School Meals Program requires that **all questions be answered** in order for **any diet modification or substitutions** to be made in school meals. This section has 4 requirements that must be completed by a physician and **must be marked** with the major life activity that is affected. Section 504 of The Rehabilitation Act of 1973 and Americans with Disabilities (ADA) of 1990.

1. Student's disability: _____

2. Explain why the disability restricts the child's diet: _____

3. Major life activities affected by the life-threatening food allergy or disability:

(Check all that apply. At least one must be checked)

- | | | | |
|--|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Eating | <input type="checkbox"/> Speaking | <input type="checkbox"/> Caring for one's self |
| <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Walking | <input type="checkbox"/> Learning | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Other: _____ | | |

4. List the food or foods to be omitted and their substitute:

Omit	Substitute

Texture Modification

Liquids: Circle

- Thin Thick (nectar-like) Thick (honey-like) Thick (pudding-like)

Solids: Circle

- Soft Pureed Ground Chopped

Supplement (if needed): _____

Instructions (Time, Frequency, etc.): _____

Physician's Printed Name _____

Physician's Signature _____

Date _____

Clinic/Facility _____

Telephone _____

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Allergy / Anaphylaxis Care Plan

Emergency Protocol

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.
2. Contact parent/guardian to notify of reaction, treatment, and student's health status.
3. Treat for shock. Prepare to do CPR.

Parent Authorizations/ Acknowledgement Section

My signature below indicates that I acknowledge:

1. It is my responsibility to renew this form each school year and/or each time my child's medical and health needs change with my child's physician.
2. I give permission for Copperas Cove ISD to contact the physician's office for clarification regarding the contents of this form.
3. I am aware it could take up to two weeks to implement a menu modification by Child Nutrition.
4. I understand an alert will be placed on my child's meal account to ensure items they are allergic to are not placed on their meal tray.
5. I understand students are still required to meet federal guidelines for a reimbursable meal.
6. I am responsible for auto injectors for before and after school activities if there is no nurse available.
7. I understand that this plan may be carried out by school personnel other than the school nurse.
8. I am responsible for reading and understanding the Copperas Cove ISD Child Nutrition Department Policy: Accommodations for Children with Special Needs found in the CCISD Handbook and on the CCISD Child Nutrition website <http://www.schoolnutritionandfitness.com/index.php?page=allergy&sid=1408131753495602>.

For the specific treatment of my child, I select

Option A

I want this allergy plan implemented for my child; I want my child to carry an auto injector and I agree to release the school district and school personnel from all claims of liability if my child suffers any adverse reactions from self-administration of an auto-injector.

Option B

I want this plan implemented for my child and I do not want my child to self-administer epinephrine.

With regard to school meals, I select

My child will **not** be eating school prepared meals

Or

My child **will** be eating school prepared meals.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Nurse Signature

Date

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**Request to Block Purchases in the Cafeteria for PRE-K ONLY
2023-2024 School Year**

Dear Parent;

Due to PRE-K being mandated to follow the CACFP (Child and Adult Care Food Program) Meal Pattern, PRE-K meals will no longer be OFFER VERSUS SERVE. This means that each component that is offered on the menu will need to be picked up by the student to assure that they receive their approved eligibility. Please fill out this form only if you would like to restrict your child's purchases in the cafeteria. This will apply to this school year only.

This **Does Not** apply to restrictions due to allergies or menu modification where we have a doctor's note, 504 or IEP on file for your child.

What would you like to **restrict** your child from purchasing?

Please note that IF you have us remove something from your child's tray you will not be able to use their eligibility status for this meal and will instead be required to pay ala carte pricing for each item on your child's tray. _____ (Please initial and date this paragraph)

Please note that we cannot make menu modifications or substitute items without a note from the doctor.

(Check all that apply)

_____ Breakfast – (you will provide breakfast for your child)

_____ Lunch – (you will provide lunch for your child)

_____ Extra items using meal account – (cash would be required for your child to purchase any ala carte or extra items)

_____ Any Cafeteria Purchases – (your child is not allowed to make any purchases in the cafeteria)

I understand that I am preventing my child from having access to what is indicated above. I further understand that if I am preventing my child from purchasing breakfast or lunch, then I am taking full responsibility for providing my child with these meals.

Student name: _____

School: _____

Student ID#: _____

Signature of Parent/Guardian: _____

To make payments on your child's meal account please visit www.myschoolbucks.com to set up your account. You can also see what your child is purchasing on this website after registering.

Please return form to the Cafeteria Manager at the school your child attends.

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**Request to Block Purchases in the Cafeteria for K-12 Grades
2023-2024
School Year**

Please fill out this form only if you would like to restrict your child's purchases in the cafeteria. This will apply to this school year only.

What would you like to **restrict** your child from purchasing?

This **Does Not** apply to restrictions due to allergies

(Check all that apply)

_____ Breakfast – (you will provide breakfast for your child)

_____ Lunch – (you will provide lunch for your child)

_____ Extra items using meal account – (cash would be required for your child to purchase any ala carte or extra items)

_____ Any Cafeteria Purchases – (your child is not allowed to make any purchases in the cafeteria)

I understand that I am preventing my child from having access to what is indicated above. I further understand that if I am preventing my child from purchasing breakfast or lunch, then I am taking full responsibility for providing my child with these meals.

We cannot restrict specific food items due to preference.

Student name: _____ **School:** _____

Student ID#: _____

Signature of Parent/Guardian: _____

To make payments on your child's meal account please visit www.myschoolbucks.com to set up your account. You can also see what your child is purchasing on this website after registering.

If your child has been approved for free or reduced meals, a request to block breakfast or lunch will not be honored without first discussing it with the Child Nutrition Office – Please call 254-547-1227.

Please return form to the Cafeteria Manager at the school your child attends.

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