

## MEAL MODIFICATIONS

### **MENU MODIFICATIONS FOR DISABILITIES**

Federal law requires all School Food Authorities to make substitutions for meals for children with a disability that restricts the child's diet on a case-by-case basis and only when supported by a written statement from a State licensed healthcare professional.

USD 231 Nutrition Services is prepared to assist families and students by providing reasonable meal modifications prescribed by an authorized medical authority to accommodate a child's disability. Please see the link below for additional details.

If you have questions or need assistance, please contact Amy Droegemeier at (913) 856-2055. Otherwise, please return the completed medical statement to:

Amy Droegemeier  
Director of Nutrition Services  
PO Box 97  
Gardner, KS 66030  
[droegemeiera@usd231.com](mailto:droegemeiera@usd231.com)

After receiving your completed form, we will contact you to discuss how to implement a special diet for your student.

### **MENU MODIFICATIONS FOR NON-DISABILITY MEDICAL REASONS**

If your student has a food allergy or intolerance that does not meet the disability criteria, our department may be able to make menu modifications. However, these will be decided on a case-by-case basis with input from the building kitchen manager and nurse. Please contact Amy Droegemeier, Director of Nutrition Services, at (913) 856-2055 or [droegemeiera@usd231.com](mailto:droegemeiera@usd231.com) with questions regarding this process.

### **MENU MODIFICATIONS FOR NON-MEDICAL REASONS**

We plan our menus with great care to incorporate choices that will satisfy all students' needs. If your student's diet is not being met with our current menu offerings, please feel free to contact us to discuss additional options. At our discretion, we will partner with you in an attempt to come up with an acceptable solution that honors your student's diet preferences for ethical or religious circumstances.

## **NUT POLICY**

Due to the large number of severe nut allergies in our district, the Nutrition Services Department prepares and produces school meals in a nut-aware environment. We also have many schools and classrooms that have been designated as peanut-restricted zones.

### **ELEMENTARY SCHOOLS:**

Our policy is generally to avoid nut-related products at the elementary level. Please note that a pre-packaged peanut butter & jelly sandwich may be available on select dates as an alternate lunch selection. We do not prepare these items in our kitchens where any of our other foods are located. We also offer designated tables for students with peanut and tree nut allergies in the cafeteria seating area.

There may also be nut products in these buildings for use in our catering program. These items are prepared on separate tables from where school items are produced, and thorough sanitation procedures are enforced. Our department checks the ingredient labels of purchased items for the elementary meals to ensure, to the best of our ability, that they do not contain nut ingredients or are processed in a plant that manufactures peanut products.

### **SECONDARY SCHOOLS:**

We offer pre-packaged products that contain nuts in the secondary snack/a la carte options, as well as a pre-packaged peanut butter & jelly sandwich entree option on our grab and go menu. We do not prepare these items in our kitchens where any of our other foods are located. We also offer designated tables for students with peanut and tree nut allergies in the cafeteria seating area.

If you have any questions or concerns, please feel free to contact our department or the nurse's office at your student's school.

July 1, 2020

Dear parent/guardian:

USD 231 Nutrition Services is prepared to assist families and students by providing reasonable meal modifications prescribed by an authorized medical authority to accommodate a child's disability.

In order to best assist our families with these accommodations, documentation of the student's disability must be provided. The preferred method is through completion of the Medical Statement to Request School Meal Modification form which is attached to this letter.

A medical authority's prescription may also be provided as long as the following information is included on official letterhead:

- prescribed diet order
- description of the child's physical or mental impairment related to the prescribed diet order
- major life activity affected
- explanation of what must be done to accommodate disability
- prescribed omission and/or substitution of foods (if applicable)
- signature of medical authority (may be digital)

Please note that all forms and prescriptions must be completed by a "medical authority" that is authorized by Kansas state law to write medical prescriptions: licensed physician (MD or DO) or a physician's assistant (PA) or an advanced registered nurse practitioner (ARNP) authorized by their responsible licensed physician.

To ensure requested meal modifications can be made on the first day of school, return the completed documentation by **August 10** of the upcoming school year to Amy Droegemeier in one of the following manners:

- Mail or drop off completed form at the USD 231 District Offices, 231 E Madison, PO Box 97, Gardner, KS 66030;
- Email a scanned copy of the completed form to [droegemeiera@usd231.com](mailto:droegemeiera@usd231.com); OR
- Fax a copy of the completed form to 913-856-2071, Attn: Amy Droegemeier

If you are submitting a request for meal modification at a time other than the beginning of the school year, it may take approximately 5 – 10 school days from the time the request is received until it can be fully implemented. If you have questions or need assistance, please call Amy Droegemeier at 913-856-2055.

Sincerely,



Amy Droegemeier  
Director of Nutrition Services

*This institution is an equal opportunity provider.*

# Medical Statement to Request Meal Modification

**Modifications to Accommodate a Disability:** Meal modifications prescribed by a medical authority must be made to accommodate a participant's disability.

**Definition of Disability:** Under Section 504, the ADA, and Departmental Regulations of 7 CFR part 15b define a person with disability as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. "Major life activities" 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 life activities" also include 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.

**This form must be completed by a "medical authority" that is authorized by Kansas state law to write medical prescriptions: licensed physician (MD or DO) OR a physician's assistant (PA) or an advanced registered nurse practitioner (APRN) authorized by their responsible licensed physician.**

<b>Part A. Participant, Parent/Guardian, Facility Contact Information – To be completed by a parent/guardian or facility contact person.</b>		
Participant's Name:	Date of Birth:	Facility:
Parent/Guardian's Name:	Parent/Guardian's Phone:	
Facility Contact's Name:	Facility Contact's Phone:	
<b>Part B. Prescribed Diet Order – This part must be completed by a medical authority as specified above.</b>		
1. Description of the physical or mental impairment related to the prescribed diet order and major life activity affected. <i>Example: Allergy to peanuts affects ability to breathe.</i>		
2. Explanation of what must be done to accommodate the disability (please describe in detail to ensure proper implementation):		
Omit Foods Listed Below:	Substitute Foods Listed Below:	
Modified Texture:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed
Modified Thickness of Liquids:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Spoon or Pudding Thick
Special Feeding Equipment:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Special Feeding Equipment _____ <small>(e.g. large handled spoon, sippy cup, etc.)</small>
3. Medical Authority's Information:		
Signature:	Title:	
Printed Name:	Phone:	Date:
<b>Part C. Parent/Guardian Permission – To be completed by a parent/guardian</b>		
I give permission for facility personnel responsible for implementing the prescribed diet order to discuss the special dietary accommodations with any appropriate staff and to follow the prescribed diet order for meals. I also give permission for the medical authority to further clarify the prescribed diet order on this form if requested to do so by facility personnel.		
Parent/Guardian's Signature:	Date:	

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