

Eden Central School District

Meal Modification Procedures

The goal of our Food Service program is to provide nutritious meals in a safe environment for all students in the Eden Central School District.

We understand that some children have special dietary needs that may require a meal modification outside of the USDA meal patterns.

Meal modifications come in all forms:

- texture modification
- food allergies
- qualifying medical disability that restricts their diet

The USDA has certain procedures we must follow to provide reasonable meal modifications for your child. The purpose of the procedures is twofold:

- Making sure the meal being served meets your child's nutritional needs as prescribed by a licensed physician.
- Making sure the modified meal being served meets the definition of a reimbursable meal as defined/required by USDA.

Meal modifications for students with qualifying medical disabilities

The USDA requires our Food Service program to provide reasonable meal modifications to children who qualify for disability under Section 504 of the Rehabilitation Act of 1973.

We will make meal modifications for your child with qualifying medical disability with supporting documentation.

Below are examples of qualifying medical conditions under Section 504:

- Cerebral Palsy
- Epilepsy
- MS
- Metabolic Disease (diabetes/PKU)
- Food Anaphylaxis
- Specific Learning Disabilities

When requesting a meal modification for your child, our Food Service program requires a written medical statement from a New York State licensed physician.

Below outlines what needs to be included in the statement:

- The medical statement identifies the medical disability
- How the disability restricts the child's diet
- Major life activity affected by disability
- Foods to be omitted from the child's diet
- Recommended food substitutions

We will not ask for medical records

Please know that our Food Service program does not need your child's medical records or charts as part of the request for meal modifications.

Meal substitutions for students with non-medical dietary needs

Our Food Service program will make meal modifications for your child with non-medical special dietary needs.

We require a meal modification form for children with food intolerances and food allergies that do not result in life-threatening reactions.

A licensed physician must complete and sign the meal modification form.

We will review the request on a case-by-case basis.

Food Preferences

Our Food Service program does not make meal modifications for lifestyle or food preferences. Our menus offer a variety of selections.

We follow USDA offer vs. serve, which allows your child to customize their meal to enjoy the foods they like, reduce food waste, and fit into the USDA meal patterns, while declining food items they don't like.

We ask parents and children to review our online menu to find acceptable meal choices.

Reasons to Request a Meal Modification for your Child

- Increased/decreased calorie needs
- Meal supplement
- Texture modification
- Sensory issues requiring food items being removed/substituted
- Food allergy that results in anaphylaxis
- Food allergy that does not result in anaphylaxis
- Food allergy that required us to remove one or more of the meal components of a reimbursable meal

Steps to Complete the Meal Modification Form

Request a form from the nurse or cafeteria manager at your child's school or download from our website.

Bring the form to your child's physician to be completed.

Make sure the licensed medical provider completes all sections on the back of the form.

Make sure all sections are complete and you, the parent, sign the front and a licensed physician, sign the back of the form.

We will return incomplete forms, which may slow down the process.

What Happens Next?

Return the completed meal modification form to the nurse at your child's school

The cafeteria manager will review the meal modification form for the completeness and take the steps necessary to start the requested dietary change.

Please allow up to 10 working days from the receipt of the meal modification form to review, approve and implement the request.

How often do I complete the meal modification form?

We ask parents to update this form yearly. This helps us to make sure we have the most up-to-date information regarding meals to meet your child's dietary needs.

The best time to do this is at the beginning of the school year as you update other school forms for your child, but you can request meal modifications any time of the school year.

What if I need to stop the meal modification?

We understand things change. Children may outgrow food allergies or no longer need meal modifications.

Parents, have your child's physician complete the discontinuation form and return to the school cafeteria manager. Once we receive the completed form, we will update the information in our system to remove any meal modifications.

Partnership formed

We are your partner for providing your child balanced meals that meet their medical and dietary needs when you cannot be there.

Communication is key!

Our Food Service Manager communicates the dietary needs of your child to their employees regularly and provides training in food safety, cross-contamination, label reading and texture modification.

We strive to keep the lines of communication open with parents, teachers, and the school clinic to make sure the meals we provide meet the dietary needs of your child.

Procedural Safeguards

Should there be a concern, please reach out to the Director of Pupil Personnel.

Parent/Guardian procedural rights:

- File a complaint if they believe a violation has occurred regarding the request for a reasonable modification
- Receive a prompt and equitable resolution of the complaint
- Examine the record
- Receive notice of the final decision and a procedure for review

Final Thoughts

Our goal is to provide nutritious meals in a safe environment for all students of the Eden Central School District.



EMERGENCY CARE PLAN

Eden Central School District

3150 Schoolview Road
Eden, New York 14057



Mr. Jeffrey A. Sortisio
Superintendent
(716) 992-3629

Mrs. Merrie Maxon
Director of Pupil Personnel Services
(716) 992-3645

FOOD ALLERGY

Student: _____ Grade: _____ DOB: _____

Asthmatic: Yes No (increased risk for severe reaction) Severity of reaction(s): _____

School Contact: _____ Documentation: ON FILE ATTACHED

Mother: _____ Home #: _____ Work #: _____ Cell #: _____

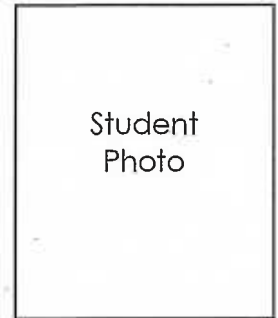
Father: _____ Home #: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

- **MOUTH** Itching & swelling of lips, tongue or mouth, mouth "feels hot"
- **THROAT** Itching, tightness in throat, hoarseness, cough
- **SKIN** Hives, itchy rash, swelling of face and extremities
- **STOMACH** Nausea, abdominal cramps, vomiting, diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** "Thready pulse", "passing out"

The severity of symptoms can change quickly – it is important that treatment is given immediately.



STAFF MEMBERS INSTRUCTED: Classroom Teacher(s) Special Area Teacher(s)
 Administration Support Staff Transportation Staff

TREATMENT: Rinse contact area with water if appropriate

Treatment should be initiated with symptoms without waiting for symptoms

Benadryl ordered: Yes No Give _____ Benadryl per provider's orders

Call school nurse. Call parent/guardian if off school grounds.

Epinephrine ordered: Yes No Special instructions: _____

IF INGESTION OR SUSPECTED INGESTION OF ALLERGEN OCCURS, SYMPTOMS ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.

Preferred Hospital if transported: _____

Epinephrine provides a 20 minute response window. After epinephrine, a student may feel dizzy or have an increased heart rate. This is a normal response. Students receiving epinephrine should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus

Special instructions: _____

Healthcare Provider: _____

Phone: _____

Written by: _____

Date: _____

Copy provided to Parent

Parent/Guardian Signature to share this plan with Provider and School Staff: _____