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## Emanuel County School Nutrition Program

If you have difficulty communicating with us or understanding this information because you do not speak English or have a disability, please contact Chandra Hooks, School Nutrition Director at [cchooks@emanuel.k12.ga.us](mailto:cchooks@emanuel.k12.ga.us) or call 478-237-6673. Free language assistance and other aids/services are available upon request.

### **Accommodating students with Disabling Special Dietary Needs**

Schools participating in a federal Child Nutrition Program (School Lunch, School Breakfast or After School Snack Program) are required to make accommodations for children who are unable to eat the school meals because of a disability, (7 CFR, Part 15b), that restricts their diet. In order to make modifications or substitutions to the school meal, schools must have a written Medical Statement on file that is signed by a licensed physician or other State licensed health care professional authorized to write medical prescriptions under State law. The statement must identify:

- The child's disability or medical condition
- An explanation of why the disability restricts the child's diet
- The major life activity affected by the disability
- The food(s) to be omitted from the child's diet
- The food or choice of foods that must be provided as the substitute
- Signature of medical authority and date

**\*\* Only a physician can determine if a student has a disability.**

### **Accommodating Students with Non-Disabling Special Dietary Needs**

The school food authority may, at their discretion, make substitutions for students who have a special dietary need, but do not meet the definition of disability. Examples include food intolerances or allergies that do not cause life threatening reactions. The decision to accommodate a student's special dietary need can be determined on a case-by case basis, however, the school should remain consistent with accommodating special dietary needs. In order to make modifications or substitutions to the school meal, schools must have a written Medical Statement signed by a recognized medical authority identifying the following:

- Identification of the medical or other special dietary condition which restricts the child's diet

- The food or foods to be omitted from the child's diet
- The food or choice of foods to be substituted

\*\*\*In Georgia, a recognized medical authority includes a physician, physician assistant, and nurse practitioner.

### **Responsibilities of Parents/Guardians**

To ensure accurate meal service, parents are requested to:

- Communicate the student's special dietary need to school staff when the student transfers or promotes to a different school or district.
- Introduce student to school nutrition manager and identify which meals will be eaten at school (breakfast, lunch, after-school snack).
- Communicate any dietary change as prescribed by medical authority.
- Notify teachers, principals, and/or after-school activity sponsors of your child's allergy/disability.

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Emanuel County School Nutrition does not make meal accommodations based on personal preference or religious convictions. It is our goal to offer enough variety in the planned menu that our students have ample choices, which not only allow them to select a balanced meal, but also fits within their personal preferences.

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*The mission of ECS is to prepare and inspire all students for college and career success through personalized learning and relevant experiences.*

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](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint%20Form-0508-0002-508-11-28-17Fax2Mail.pdf) 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:

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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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