Guide to Meal Modifications in the School Nutrition Programs

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Connecticut State Department of Education
Bureau of Child Nutrition Programs
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About This Guide

The Connecticut State Department of Education's (CSDE) *Guide to Meal Modifications in the School Nutrition Programs* provides comprehensive information and resources to assist school food authorities (SFAs) with meeting the federal and state laws for meal modifications for children with special dietary needs. The requirements in this guide apply to public schools, private schools, and residential child care institutions (RCCIs) that participate in any of the U.S. Department of Agriculture's (USDA) school nutrition programs below.

- National School Lunch Program (NSLP)
- Afterschool Snack Program (ASP) of the NSLP
- School Breakfast Program (SBP)
- Seamless Summer Option (SSO) of the NSLP
- Special Milk Program (SMP)
- Fresh Fruit and Vegetable Program (FFVP)
- Child and Adult Care Food Program (CACFP) At-Risk Afterschool Meals Program implemented in schools

The federal and state laws address modifications in the school nutrition programs for children whose disability restricts their diet (disability reasons) and children who do not have a disability but have other special dietary needs (non-disability reasons). This guide outlines the different meal modification requirements for disability and non-disability reasons based on the federal nondiscrimination laws, USDA regulations and policies, and state food allergy legislation for public schools.

> This guide reflects the USDA regulations and policies in effect as of the publication date. Please note that this information may change. The CSDE will update this guide whenever the USDA issues new guidance on meal modifications. Please check the CSDE's Special Diets in School Nutrition Programs webpage for the most current version. This document is available at https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/guide_meal_modifications_snp.pdf.

The mention of trade names, commercial products, and organizations does not imply approval or endorsement by the CSDE or the USDA.

Questions regarding this guide and meal modifications may be directed to Susan Fiore, M.S., R.D., at 860-807-2075 or susan.fiore@ct.gov.

CSDE Contact Information

For questions regarding the school nutrition programs, please contact the school nutrition programs staff in the CSDE's Bureau of Child Nutrition Programs. The CSDE's resource, *County Assignments for School Nutrition Programs*, indicates each Connecticut county's assigned CSDE school nutrition team member who provides technical assistance for the USDA school nutrition programs.

For a list of all CSDE Child Nutrition Programs staff, refer to the CSDE's resource, *Child Nutrition Staff and Responsibilities*.

Abbreviations and Acronyms

ADA	Americans with Disabilities Act
APP	alternate protein product
APRN	advanced practice registered nurse
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CHR	Cumulative Health Record
CNP	Child Nutrition Programs
CSDE	Connecticut State Department of Education
DPH	Connecticut State Department of Public Health
ECP	Emergency Care Plan
FALCPA	Food Allergen Labeling and Consumer Protection Act of 2004
FARE	Food Allergy Research & Education
FASTER	Food Allergy Safety, Treatment, Education and Research Act of 2021
FDA	Food and Drug Administration
FERPA	Family Educational Rights and Privacy Act
FNA	Food and Nutrition Administration, U.S. Department of Agriculture
HIPAA	Health Insurance Portability and Accountability Act of 1996
ICN	Institute of Child Nutrition
IEP	Individualized Education Program
IDEA	Individuals with Disabilities Education Act
IHCP	Individualized Health Care Plan

LEA	local educational agency
mcg	micrograms
MMA	meats/meat alternates component
NSFSA	nonprofit school food service account
NSLP	National School Lunch Program
OHI	other health impaired
PHC	Public Health Code
PPT	Planning and Placement Team
PKU	phenylketonuria
RAE	retinol activity equivalents
RCCI	residential child care institution
RD	registered dietitian
RDN	registered dietitian nutritionist
SBP	School Breakfast Program
SFA	school food authority
SFSP	Summer Food Service Program
SOP	standard operating procedure
SSO	Seamless Summer Option of the NSLP
USDA	U.S. Department of Agriculture

Today's Menu

1 — Introduction

Federal and state laws address the requirements for meal modifications for children whose disability restricts their diet (disability reasons) and meal modifications for children who do not have a disability but have other special dietary needs (non-disability reasons). This guide outlines the different meal modification requirements for disability and non-disability reasons based on the federal nondiscrimination laws, USDA regulations and policies, and state food allergy legislation for public schools.

These requirements apply to each school food authority (SFA) for public schools, private schools, and residential child care institutions (RCCI) that participate in the U.S. Department of Agriculture's (USDA) school nutrition programs below.

- National School Lunch Program (NSLP)
- School Breakfast Program (SBP)
- Afterschool Snack Program (ASP) of the NSLP
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- Child and Adult Care Food Program (CACFP) At-risk Supper Program implemented in schools

Given the complexity of addressing some children's special dietary requirements, SFAs are encouraged to contact the CSDE for assistance.

USDA Regulations and Policy Guidance for Meal Modifications

This guide reflects the USDA regulations, policy memos, and resources below that outline the meal modification requirements for disability and non-disability reasons.

- NSLP regulations 7 CFR 210.10(d)(2): Fluid milk substitutes for non-disability reasons
- NSLP regulations 7 CFR 210.10(m)(1): Modifications for disability reasons
- NSLP regulations 7 CFR 210.10(m)(2): Variations for non-disability reason
- SBP regulations 7 CFR 220.8(m): Modifications and variations in reimbursable meals
- USDA final rule: Child Nutrition Programs: Meal Patterns Consistent with the 2020-2025 Dietary Guidelines for Americans
- USDA final rule: Expanding Fluid Milk Options in Child Nutrition Programs
- USDA guide: Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals
- USDA Memo SP 26-2017: Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As)
- USDA Memo SP 59-2016: Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs
- USDA Memo SP 01-2026: Whole Milk for Healthy Kids Act of 2025 – Implementation Requirements for the National School Lunch Program

Links to these resources and additional guidance are available on the CSDE's Special Diets in School Nutrition Programs webpage.

Nondiscrimination Legislation

Federal nondiscrimination laws and regulations contain provisions that require schools and institutions to make reasonable meal modifications on a case-by-case basis for children whose disability restricts their diet. These nondiscrimination laws include:

- Section 504 of the Rehabilitation Act of 1973 (Section 504);
- the Individuals with Disabilities Education Act (IDEA);
- the Americans with Disabilities Act (ADA) of 1990, including changes made by the ADA Amendments Act of 2008; and
- the USDA's nondiscrimination regulations (7 CFR 15b).

The USDA regulations for school nutrition programs (7 CFR 210.10(m) and 7 CFR 220.8(m)) require reasonable meal modifications for children whose disability restricts their diet, based on a written medical statement signed by a state licensed healthcare professional or registered dietitian. Requests for a reasonable meal modification must be related to the child's disabling condition. For guidance on what constitutes a disability and the requirements for meal modifications for disability reasons, refer to section 2.

Federal legislation

Section 504, the IDEA, the ADA, and the ADA Amendments Act are laws that protect individuals with disabilities from discrimination.

- Section 504 prohibits all programs and activities receiving federal financial assistance, including public schools, from discriminating against children with disabilities, as defined in the law. Section 504requires each public agency to take steps to ensure children with disabilities have an equal opportunity to benefit from extracurricular services and activities, including meals.

- The IDEA is a federal grant program that provides financial assistance to states in the provision of special education and related services for eligible children.

- The ADA guarantees equal opportunity and access for individuals with disabilities in employment, public accommodations, transportation, state and local governments, and telecommunications.

- The ADA Amendments Act prohibits discrimination based on disability in the provision of state and local government services, including services provided by public schools, and prohibits discrimination based on disability by private entities offering public accommodations, including private schools. The ADA Amendments Act greatly expands the concept of who is disabled. It requires that a disability must be viewed more broadly to encompass more impairments that limit a major life activity and therefore require an accommodation.

- The USDA's nondiscrimination regulations (7 CFR 15b.26(d)) prohibit discrimination against children with disabilities in any USDA program or activity. These regulations require recipients of federal financial assistance (such as school nutrition programs) to serve modified meals at no extra charge to participants whose disability restricts their diet.

Children whose disability restricts their diet may be protected from discrimination under the provisions of one or more of these laws.

Section 504 and the IDEA require that local educational agencies (LEAs) provide education and related services, including medically prescribed meal substitutions, at no cost to parents/guardians. In appropriate situations, nutrition services may be specified as special education (specially designed instruction) or a related service (support services required to assist a child with a disability to benefit from special education).

A child with a disability under Section 504 or the IDEA may be entitled to receive medically prescribed meal substitutions as part of the child's Section 504 plan or Individualized Education

Program (IEP). If meal substitutions are included in the child's Section 504 plan or IEP, the local educational agency (LEA) must provide them at no cost to parents/guardians. For more information, refer to "Section 504 Considerations" and "IDEA Considerations" in section 2.

State legislation

The Connecticut General Statutes (C.G.S.) address requirements that apply to all children in public schools, such as providing lunch periods (C.G.S. 10-221o) and developing a management plan for life-threatening food allergies (C.G.S. 10-212c).

- Connecticut General Statutes Section 10-221o. Lunch Periods and Recess. Each local and regional board of education shall require each school under its jurisdiction to (1) offer all full day students a daily lunch period of not less than twenty minutes, and (2) include in the regular school day for each student enrolled in grades kindergarten to five, inclusive, a period of physical exercise, except that a planning and placement team may develop a different schedule for a child requiring special education and related services in accordance with chapter 164 and the Individuals With Disabilities Education Act, 20 USC 1400 et seq., as amended from time to time. In the event of a conflict with this section and any provision of chapter 164, such other provision of chapter 164 shall be deemed controlling.

- Connecticut General Statutes Section 10-212c. Life-threatening food allergies: Guidelines; District plans. (a) Not later than January 1, 2006, the Department of Education, in conjunction with the Department of Public Health, shall develop and make available to each local and regional board of education guidelines for the management of students with life-threatening food allergies. The guidelines shall include, but need not be limited to: (1) education and training for school personnel on the management of students with life-threatening food allergies, including training related to the administration of medication with a cartridge injector pursuant to subsection (d) of section 10-212a, (2) procedures for responding to life-threatening allergic reactions to food, (3) a process for the development of individualized health care and food allergy action plans for every student with a life-threatening food allergy, and (4) protocols to prevent exposure to food allergens.

  (b) Not later than July 1, 2006, each local and regional board of education shall implement a plan based on the guidelines developed pursuant to subsection (a) of this section for the management of students with life-threatening food allergies enrolled in the schools under its jurisdiction.

The CSDE developed the *Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools* in response to C.G.S. Section 10-212c (refer to "Food Allergy Management Plan" in section 4).

The C.G.S. also address numerous requirements regarding school health services. C.G.S. Chapter 169, School Health and Sanitation, encompasses several statutes related to the provision of school health services within public schools in Connecticut. These statutes provide the framework for many school health policies for all children regarding health monitoring, screening, and the administration of medications.

Updated Meal Pattern Legislation

On April 25, 2024, the USDA published the final rule, *Child Nutrition Programs: Meal Patterns Consistent with the 2020-2025 Dietary Guidelines for Americans* (89 FR 31962). This final rule implemented updates to the Child Nutrition Programs in several key areas, including meal modifications for disability and non-disability reasons. The changes related to meal modifications are summarized below.

- **Nutrition standard for fluid milk substitutes:** Effective July 1, 2024, updates the units for vitamin A and vitamin D requirements for fluid milk substitutes to align with the Food and Drug Administration (FDA) labeling requirements. The unit requirement for vitamin A is now 150 micrograms (mcg) retinol activity equivalents (RAE) per 8 fluid ounces, instead of 500 international units (IUs). The unit requirement for vitamin D is now 2.5 mcg per 8 fluid ounces, instead of 100 IUs. The amount of vitamin A and vitamin D required in fluid milk substitutes does not change; only the unit of measurement has changed to conform to the FDA labeling requirements. For more information, refer to the CSDE's resource, *Allowable Fluid Milk Substitutes for Non-Disability Reasons in the School Nutrition Programs*.

- **Definition of state licensed healthcare professional:** Effective July 1, 2024, changes all previous references in the regulations for Child Nutrition Programs from "medical authority" to "state licensed healthcare professional or registered dietitian." Defines a state licensed healthcare professional as an individual authorized to write medical prescriptions under state law (refer to "Authorized signers for medical statements" in section 2).

- **Registered dietitians may sign medical statements:** Outlines in the regulations for Child Nutrition Programs that effective July 1, 2025, SFAs must accept medical statements signed by registered dietitians to request meal modifications for children whose disability restrict their diet (refer to "Authorized signers for medical statements" in section 2).

- **NSLP and SBP regulations:** Effective July 1, 2024, updates and reorganizes the regulatory text to distinguish between disability and non-disability requests more clearly, and encourages schools, institutions, and facilities to meet children's non-disability dietary preferences when planning and preparing school meals and afterschool snacks.

For more information on the final rule meal pattern changes, refer to the CSDE's resource, *Summary of Final Rule Updates to the Meal Patterns of the School Nutrition Programs*, and visit the "Meal Pattern Changes" section of the CSDE's Meal Patterns for Grades K-12 in School Nutrition Programs webpage.

Overview of USDA Requirements for Meal Modifications

The USDA regulations for the school nutrition programs require that all meals served to children must comply with the appropriate meal pattern for each grade group. However, food substitutions and other reasonable modifications to the meal patterns may be necessary to meet the dietary needs of children who meet any of the following conditions:

- qualify as having a disability under any of the federal nondiscrimination laws;
- are eligible for special education under the IDEA; or
- do not qualify as having a disability under any of the federal nondiscrimination laws but have other special dietary needs.

Examples of possible modifications include food restrictions, substitutions, texture changes (such as pureed, ground, or chopped foods, or thickened liquids), increased or decreased calories, and tube feedings. Modifications to the meal service may also involve ensuring that facilities and personnel are adequate to provide necessary services.

In certain situations, disability accommodations may require additional equipment; separate or designated storage or preparation areas, surfaces, or utensils; and specific staff training and expertise. For example, some children may require the physical assistance of an aide to consume their meal, while other children may need assistance tracking their dietary intake, such as tracking carbohydrate intake for children with diabetes.

For an overview of the requirements for meal modifications for disability and non-disability reasons, refer to the CSDE's resources, *Overview of the Requirements for Meal Modifications in the School Nutrition Program* and refer to the CSDE's *Summary Charts of the Requirements for Meal Modifications in the School Nutrition Programs*.

Two Types of Meal Modifications

The USDA's nondiscrimination regulations (7 CFR 15b) and school nutrition program regulations (7 CFR 210.10(m) and 7 CFR 220.8(m)) outline two types of meal modifications for children with special dietary needs who participate in the school nutrition programs: 1) required modifications for children whose disability restricts their diet (disability reasons); and 2) optional modifications for children who do not have a disability but have other special dietary needs (non-disability reasons). The meal modification requirements depend on whether the request is for disability or non-disability reasons. An overview of these requirements is below.

Required modifications for disability reasons

The USDA requires SFAs to make reasonable meal modifications on a case-by-case basis for children whose disability restricts their diet, based on written documentation from a state licensed healthcare professional or registered dietitian. Meal modifications must be related to the disability or limitations caused by the disability.

- A **reasonable modification** is a change or alteration in policies, practices, and/or procedures to accommodate a disability that ensures children with disabilities have equal opportunity to participate in or benefit from a program. The general guideline in making a reasonable modification is that children with disabilities must be able to participate in and receive benefits from programs that are available to children without disabilities.

- **Case-by-case basis** means that the meal modifications are specific to the individual medical condition and dietary needs of each child, based on the specific information provided by the state licensed healthcare professional or registered dietitian in the child's medical statement or, if applicable, the child's Section 504 plan or Individualized Education Program (IEP).

- A **state licensed healthcare professional** is an individual who is authorized to write medical prescriptions under state law. The Connecticut State Department of Public Health (DPH) defines these individuals as physicians (MD), physician assistants (PA) and certified physician assistants (PAC), doctors of osteopathy (DO), and advanced practice registered nurses (APRN).

- A **registered dietitian** (RD) or registered dietitian nutritionist (RDN) is an individual with a minimum of a graduate degree from an accredited dietetics program and who completed a supervised practice requirement, passed a national exam, and completes continuing professional educational requirements to maintain registration.

For guidance on what constitutes a disability and the required modifications for disability reasons, refer to section 2.

Optional modifications for non-disability reasons

SFAs may choose to make optional meal modifications within or outside the school meal patterns on a case-by-case basis for children whose dietary needs do not constitute a disability. Optional modifications for non-disability reasons include requests related to religious or moral convictions, general health concerns, and personal food preferences. An example is a family's preference for gluten-free foods, organic foods, or almond milk because they believe these foods are healthier.

The requirements for these optional meal modifications depend on whether they are within or outside the USDA meal patterns.

- **Modifications within the USDA meal patterns:** Meal modifications are within the meal patterns if they are only modified for texture, such as chopped, ground, or pureed foods (refer to "Texture Modifications" in section 2), or they only include substitutions within the same meal component, such as a banana for strawberries (fruits component), lactose-free milk for regular milk (milk component), and chicken for pork (meats/meat alternates [MMA] component). Meal modifications for non-disability reasons that are within the meal patterns do not require a medical statement. For guidance on the school meal patterns, refer to "Meal Patterns and Dietary Specifications" in this section.

> While a medical statement is not required for non-disability modifications within the meal patterns, the USDA recommends that SFAs keep documentation on file acknowledging the participant's meal modification. SFAs may also choose to apply stricter guidelines and require a medical statement to ensure clear communication between food service staff and parents/guardians regarding the appropriate meal modifications for the child.

- **Modifications outside the USDA meal patterns:** Meal modifications are outside the meal patterns if they include noncreditable foods. Noncreditable foods are foods and beverages that do not meet the meal pattern requirements for reimbursable meals and afterschool snacks. Examples include entrees that do not meet the meats/meat alternates (MMA) component and substituting rice milk for cow's milk. Meal modifications for non-disability reasons that are outside the meal patterns require a medical statement signed by a state licensed healthcare professional or registered dietitian (refer to "Medical Statement Requirements" in section 2).

For detailed guidance on optional meal modifications for non-disability reasons, refer to section 3.

Determining if Meal Modifications are Required

The steps below assist SFAs with determining whether a child requires a meal modification in the school nutrition programs.

1. Does the child have a physical or mental impairment that meets the definition of disability under any of the federal nondiscrimination laws, including Section 504, the ADA and ADA Amendments Act, and the USDA's nondiscrimination regulations (7 CFR 15b)?

    - **Yes:** Go to step 2.
    - **No:** The school or institution is not required to make the meal modification. Refer to section 3 for guidance on optional meal modifications for non-disability reasons.

2. Does the child's physical or mental impairment restrict their diet?

    - **Yes:** Go to step 3.
    - **No:** The school or institution is not required to make the meal modification. Refer to section 3 for guidance on optional meal modifications for non-disability reasons.

3. Did the child's parent/guardian provide a medical statement signed by a state licensed healthcare professional or registered dietitian that indicates: 1) how the child's physical or mental impairment restricts the child's diet; 2) an explanation of what must be done to accommodate the child; and 3) if appropriate, the food or foods to be omitted and recommended alternatives?

    - **Yes:** The school or institution is required to make a reasonable meal modification. Refer to section 2 for guidance on required meal modifications for disabilities.
    - **No:** The school or institution is required to make a reasonable meal modification and should work with the child's parent/guardian to obtain an appropriate medical statement. A requested modification for a child with a disability should not be denied or delayed because the medical statement does not provide complete information (refer to "Handling missing information" in section 2).

CSDE medical statement form indicates if modification is required

SFAs can determine if a child requires a meal modification by reviewing question 1 in section B of the CSDE's medical statement form, *Medical Statement for Meal Modifications in the School Nutrition Programs.* This question asks the state licensed healthcare professional or registered dietitian to indicate if the child has a physical or mental impairment that restricts their diet.

- If the answer is "yes," the SFA must make a reasonable meal modification.
- If the answer is "No," the SFA may choose to make a reasonable meal modification.

For more information on medical statements, refer to "Medical Statement Requirements" in section 2.

Children Eligible for Free and Reduced-price Meals

The USDA's requirements for meal modifications apply to all children regardless of their eligibility for paid, free, or reduced-price meals. The requirement to provide a meal modification is based on whether the child has a disability that restricts their diet, not the child's eligibility for free or reduced-price meals.

> Meal modifications are not required for children who are eligible for free or reduced-price meals unless they have a disability that restricts their diet, and a state licensed healthcare professional or registered dietitian certifies the need.

Meal Patterns and Dietary Specifications

The NSLP, SBP, and ASP meal patterns for preschool and grades K-12 require minimum portions of specific meal components for each grade group. The NSLP and SBP meal patterns for grades K-12 also include weekly dietary specifications (nutrition standards) for calories (minimum and maximum levels) and limits for saturated fat and sodium. The SSO follows the NSLP and SBP meal patterns.

The determination of whether a meal modification must comply with the applicable meal pattern depends on whether the request is for disability or non-disability reasons.

- **Disability reasons:** The meal pattern requirements do not apply to modified meals for children whose disability restricts their diet, when a state licensed healthcare professional or registered dietitian certifies the need. However, meals that consist only of texture modifications, such as chopped, ground, or pureed foods, must meet the USDA's meal patterns (refer to "Texture Modifications" in section 2).

- **Non-disability reasons:** Optional meal modifications for non-disability reasons must comply with the applicable USDA meal pattern for each meal and grade group (including the weekly dietary specifications for the NSLP and SBP meal patterns for grades K-12), unless a medical statement is provided (refer to "Modifications Outside the Meal Patterns" in section 3).

Meal modifications within the school meal patterns must meet all meal pattern requirements for the applicable age or grade group.

Guidance on the meal patterns

Guidance on the meal patterns for each school nutrition program is available at the links below.

- **NSLP and SBP meal patterns for grades K-12:** The meal patterns for grades K-12 are available on the CSDE's Meal Patterns for Grades K-12 in School Nutrition Programs webpage. For guidance on meeting the meal pattern requirements, refer to the CSDE's *Guide to the National School Lunch Program and School Breakfast Program Meal Patterns for Grades K-12* and *Guide to the Dietary Specifications for the National School Lunch Program and School Breakfast Program Meal Patterns for Grades K-12*.

- **ASP meal pattern for grades K-12:** The ASP meal pattern for grades K-12 is available on the CSDE's Afterschool Snack Program webpage. For guidance on meeting the ASP meal pattern requirements, refer to the CSDE's *Afterschool Snack Program Handbook*.

- **NSLP, SBP, and ASP preschool meal patterns (ages 1-5):** The preschool meal patterns are available on the CSDE's Meal Patterns for Preschoolers in School Nutrition Programs webpage. For guidance on meeting the preschool meal pattern requirements, refer to the CSDE's *Menu Planning Guide for the Preschool Meal Patterns of the School Nutrition Programs*.

- **CACFP At-risk Supper Program Meal Patterns:** The CACFP meal patterns are available on the CSDE's Meal Patterns for the Child and Adult Care Food Program webpage. For guidance on meeting the CACFP meal pattern requirements, refer to the CSDE's *Guide to Meeting the Meal Pattern Requirements for CACFP Child Care Programs*.

The USDA does not require a medical statement for modifications for disability or non-disability reasons if they are within the meal patterns. However, LEAs may apply stricter guidelines and require that SFAs keep a medical statement on file for modifications within the meal patterns.

Meal Reimbursement and Cost

Modified meals and afterschool snacks are claimed at the same reimbursement rate as regular meals that meet the meal patterns. The USDA considers any additional costs for modified meals to be allowable costs of the nonprofit school food service account (NSFSA), but additional reimbursement is not available.

Meal pricing

SFAs cannot charge more for modified meals and afterschool snacks served to children whose disability restricts their diet. If a child qualifies for free or reduced-price meals, the charge for modified meals is also the same. The child must pay the regular meal price based on their eligibility for paid, reduced, or free meals (refer to "Children Eligible for Free and Reduced-price Meals" in this section).

Allowable costs

For most modified meals, the NSFSA pays the cost of special food and food preparation equipment, and food service personnel will generally be responsible for providing the modifications. For example, if a child must have a pureed meal, it is reasonable to expect the NSFSA to purchase a blender or food processor and to have the meal prepared by school food service staff.

> The overall responsibility for accommodating children with disabilities rests with the LEA, not the SFA. The LEA's administration is responsible for allocating the costs of meal modifications for children with disabilities and deciding which personnel will work with individual children.

For special procedures like tube feedings, proper administration generally requires the skills of specially trained personnel, such as nurses or trained aides who regularly work with the child. If the child has an IEP, special education funds may cover special labor costs. Without an IEP, the LEA may charge these costs, as appropriate, in part to the food service account, the school district's general fund, or other funding sources.

A child with a disability may require the services of other personnel for assistance in feeding during a meal, e.g., the school nurse or a special aide who may assist in the child's feeding or other nutrition-related activity. The services of any personnel necessary to the meal service can be paid by the NSFSA on a pro rata basis (proportionately). The NSFSA can pay only the amount of time that the person spends on activities related to the meal service. For example, if

a school nurse spends one hour per day feeding a child with a special need, only that portion of the nurse's salary can be charged to the NSFSA, 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 the required services for the child.

SFAs can make most meal modifications with little extra expense or involvement. The NSFSA can usually cover any additional expenses involved in making the modification. When the NSFSA is not a viable option, the cost of modifications may be offset by the school district's general fund or, if specified in the child's IEP, special education funds.

Modifications for Procured Meals

SFAs must always ensure that any benefits available to the general school population are equally available to children with disabilities. Federal regulations specifically prohibit disability discrimination through contractual means, including vended contracts. SFAs must make modifications for non-disability reasons regardless of how they operate their food service program. The meal modification requirements apply to all types of food service operations, including SFAs that:

- self-operate their food service program;
- contract with a food service management company (FSMC); and
- purchase vended meals.

When a FSMC operates the school nutrition programs or the SFA obtains meals and afterschool snacks from a vendor, the LEA's contract must indicate that the FSMC shall make reasonable meal modifications for children whose physical or mental impairment restricts their diet, based on a written medical statement signed by a state licensed healthcare professional or registered dietitian. This language ensures that the vendor is aware that meal modifications may be required during the term of the contract.

> The SFA, not the FSMC or vendor, is ultimately responsible for complying with the USDA regulations for school meals, including meal modifications for children whose disability restricts their diet.

For detailed guidance on contracting with FSMCs, refer to USDA Memo SP 40-2016, CACFP 12-2016, and SFSP 14-2016: *Updated Guidance: Contracting with Food Service Management Companies*. For more information, visit the "Contracts in School Nutrition Programs" section of the CSDE's Food Service Management Company Contracts webpage.

Procedures for Meal Modifications

The process of providing modified meals for children with disabilities should be as inclusive as possible. It is essential that school food service staff work with parents/guardians to ensure that children receive a safe meal and have an equal opportunity to participate in the school nutrition programs.

Team approach

The USDA strongly encourages LEAs to develop a Section 504 team to discuss best practices and develop a more holistic plan to create a safe learning environment for all children. The most effective team will include school food service staff, school administrators, school medical personnel, parents/guardians, children (when age appropriate), and other school officials with relevant experience, such as school dietitians.

Using a team approach ensures that information is shared consistently throughout the school environment and helps to protect children in situations where food is served outside the cafeteria, such as during classroom parties. Additionally, involving parents/guardians early in the process allows school employees to develop a rapport with the family, which helps to prevent any miscommunication or misunderstanding about their child's needs.

Communicating with parents/guardians

Ongoing communication between the LEA and parents/guardians is essential to ensure that meal modifications meet each child's individual dietary needs. The CSDE encourages LEAs to develop procedures for regularly communicating with parents/guardians regarding meal modifications for their children. Key topics to communicate include:

- the LEA's policy and standard operating procedures (SOPs) for managing meal modifications for children whose disability restricts their diet (refer to "Recommended Policy for Meal Modifications" in section 4);
- procedures for parents/guardians to request meal modifications for disability reasons, including how to complete the medical statement (refer to "Medical Statement Requirements" in section 2);
- procedures for obtaining nutrition information for school meals and afterschool snacks (refer to "Nutrition Information" in section 2); and
- procedural rights of parents/guardians for grievance procedures (refer to "Procedural Safeguards" in section 4).

The policy and SOPs for meal modifications should be posted on the LEA's website and shared with students and parents/guardians in other ways. Examples include parent handbooks, newsletters, emails, handouts, menu backs, bulletin boards and displays, meetings, parent events, and public service announcements.

The USDA nondiscrimination regulations require SFAs to notify program participants of the process for requesting meal modifications and the person responsible for coordinating modifications. Methods of initial and continuing notification may include posting of notices, placement of notices in relevant publications, radio announcements, and other visual and auditory media.

As part of this notification, SFAs should explain when parents/guardians must submit supporting documentation for their child's meal modification request. To receive reimbursement for meal modifications outside the meal patterns, SFAs must have a medical statement signed by a state licensed healthcare professional or registered dietitian (or an IEP or 504 plan, if applicable). For more information, refer to "Medical Statement Requirements" in section 2 and "Modifications Outside the USDA Meal Patterns" in section 3.

The USDA's nondiscrimination regulations (7 CFR 15b.25) require LEAs to establish a process for procedural safeguards that provides notice and information to parents/guardians regarding how to request a reasonable modification and their procedural rights for grievance procedures (7 CFR 15b.6(b)). Examples of methods for notifying parents/guardians include:

- providing information about meal modification requests with the LEA's applications for free and reduced-price school meals;
- posting a flier with information about meal modification requests at the entrance of the school or school cafeteria;
- incorporating information about meal modification requests in student and parent handbooks, which are provided annually; and
- posting information about meal modification requests in the same place where school lunch menus are posted on the district's website.

In addition, the CSDE strongly encourages LEAs to develop a written policy for meal modifications that provide clear guidelines for students, parents/guardians, and school staff. For more information, refer to "Procedural Safeguards" and "Policies for Meal Modifications" in section 4.

Communicating with school food service staff

Close communication between school health services personnel and school food service staff is essential to ensure that children receive appropriate meal modifications. LEAs must establish procedures for identifying children with special dietary needs and providing this information to the staff responsible for preparing reimbursable meals and afterschool snacks.

School food service staff should have access to the applicable information in children's medical statements to allow appropriate meal modifications. The Family Educational Rights and Privacy Act (FERPA) allows the sharing of confidential student information when there is a legitimate educational interest, such as making meal modifications for special dietary needs (refer to "Sharing medical statements with food service staff" in section 2).

For some medical conditions, such as food allergies, it may be appropriate for LEAs to maintain information for school food service staff in the form of a list identifying the children, their food restrictions, and the appropriate substitutions designated by each child's medical statement, IEP, or 504 plan. This list would be adequate to document the substitutions in the USDA's meal patterns if the school or institution has the original signed medical statements on file.

Lists used to identify children and their food restrictions must be in locations that are visible only to school food service staff, such as in the kitchen and behind counters and serving lines. For more information, refer to "Identifying Students with Special Dietary Needs" in section 2.

> Schools and institutions must protect the privacy of children who have a disability and must maintain confidentiality of each child's medical condition. SFAs cannot implement policies or practices that outwardly identify children whose disability requires meal modifications.

The CSDE evaluates the LEA's documentation for meal modifications as part of the USDA's Administrative Review of the district's school nutrition programs. For guidance on the requirements for the Administrative Review, refer to the CSDE's Administrative Review for School Nutrition Programs webpage. For guidance on the records retention requirements, refer to the CSDE's resource, *Records Retention Requirements for the School Nutrition Programs*.

Summary of School Food Service Responsibilities

SFAs are responsible for providing meals to all children, including children with disabilities. The responsibilities of school food service staff for meal modifications in the USDA's school nutrition programs are summarized below.

Meal pattern substitutions

- **Modifications are required for disability reasons:** School food service staff must make reasonable meal modifications on a case-by-case basis for children whose disability restricts their diet, based on a medical statement signed by a state licensed healthcare professional or registered dietitian. The USDA does not require a medical statement for modified meals for disability reasons within the meal patterns. For example, if a child has an allergy to strawberries, the SFA may substitute another fruit that is safe for the child to eat. This substitution meets the meal patterns because both food items are from the same meal component. However, the USDA strongly recommends that SFAs keep documentation on file acknowledging the child's disability. Refer to section 2 for guidance on meal modifications for disability reasons.

- **Modifications are optional for non-disability reasons:** School food service staff are encouraged to provide optional meal modifications on a case-by-case basis for children whose dietary needs are not related to a disability. Optional meal modifications for non-disability reasons must comply with the meal patterns unless they are supported by a medical statement signed by a state licensed healthcare professional or registered dietitian. The USDA does not require a medical statement for modified meals for non-disability reasons within the meal patterns. Refer to section 3 for guidance on meal modifications for non-disability reasons

The CSDE recommends obtaining a medical statement for all modified meals that meet the meal patterns, including required meal modifications for disability reasons and optional meal modifications for non-disability reasons. This practice ensures clear communication between the school food service program, school nurse, parents/guardians, medical professionals, and applicable school staff regarding the appropriate meal modifications for the child; and serves as a precaution to ensure that children receive safe and appropriate meals, protect the LEA, and minimize misunderstandings.

- **Documentation is required for modifications outside the school meal patterns:** School food service staff must have documentation on file for all meal modifications that do not comply with the meal patterns. The USDA specifies that SFAs should not deny or delay a requested modification for a child with a disability if the medical statement does not provide complete information or needs clarification. SFAs should work with parents/guardians to obtain additional information from the state licensed healthcare professional or registered dietitian. While waiting to obtain additional information, the SFA must follow (to the greatest extent possible) the portion of the medical statement that is clear and unambiguous. For more information, refer to "Handling missing information" and "Storage of medical statements" in section 2.

- **School food service staff cannot make changes to required modifications:** School food service staff cannot, under any circumstances, revise or change a diet prescription or medical order. SFAs must make a reasonable modification based on the instructions written by the state licensed healthcare professional in the child's medical statement.

For guidance on determining when SFAs are required to make reasonable meal modifications, refer to "Determining if a Meal Modification is Required" and "Requirements for Meal Modifications" in this section.

Accessibility

The USDA's nondiscrimination regulations (7 CFR 15 b.26(d)(2)) specify that where existing food service facilities are not completely accessible and usable, SFAs may provide aides or use other equally effective methods to serve food to children with disabilities. The school or institution is responsible for the accessibility of food service sites and for ensuring the provision of aides when needed.

As with additional costs for meal modifications, any additional costs for adaptive feeding equipment or aides are allowable costs for school nutrition programs. However, the USDA does not provide additional reimbursement (refer to "Allowable costs" in this section).

The USDA's nondiscrimination regulations also require that schools and institutions provide food services in the most integrated setting appropriate to the needs of children with disabilities (refer to "Appropriate Eating Areas" in section 2).

Cooperation

School food service staff should work closely with parents/guardians, the school nurse, school administrators, and other appropriate individuals who are responsible for the health, well-being, and education of children with disabilities or with other special dietary needs, to ensure that the SFA makes reasonable modifications to allow participation in the meal service. This cooperation is particularly important when accommodating children whose disabilities require significant modifications or personal assistance. For more information, refer to "Team approach" and "Communicating with parents/guardians" in this section.

Considerations for Family-provided Foods

SFAs may sometimes receive requests to store, heat, and serve food items that a parent/guardian purchases off school premises and sends to school for their child's consumption. However, the school food service department cannot ensure the safety of foods brought from home from either potential food allergens or microbial contamination. LEAs face potential liability issues if they serve foods that have not been directly received from a regulated source, such as an approved food service vendor.

The USDA requires that Child Nutrition Programs must comply with the FDA Food Code. The FDA Food Code requires that all foods served in food service establishments must be from an approved source, i.e., commercial supplies under regulatory control. SFAs should not accept any foods from home (including packaged foods) for food service personnel to:

- heat and serve, such as frozen entree products; or
- store and serve, such as cold foods and beverages or packaged foods.

The Connecticut Department of Public Health (DPH) advises local health departments that all foods in food service establishments, including school food service operations, must originate from inspected, regulated sources, and be transported properly at required temperatures.

> Foods from a private home have not originated from an approved source. SFAs should not accept any foods from an unregulated source, including foods from home or foods purchased by parents/guardians off school premises.

For information and resources on food safety, visit the CSDE's Food Safety for Child Nutrition Programs webpage and the DPH's Food Protection Program webpage. The CSDE encourages SFAs to check with their local health department regarding appropriate food safety procedures for foods sent from home.

2 — Modifications for Disability Reasons

The USDA's nondiscrimination regulations (7 CFR 15b) and regulations for school nutrition programs (7 CFR 210.10(m) and 7 CFR 220.8(m)) require that SFAs must make reasonable modifications on a case-by-case basis for children whose disability restricts their diet, when a state licensed healthcare professional or registered dietitian certifies the need. Meal modifications must be related to the child's disability or limitations caused by the disability.

Definition of Disability

Each federal nondiscrimination law specifies the definition of a person with a disability. The definitions under Section 504 of the Rehabilitation Act, the ADA (including the ADA Amendments Act), and the USDA's nondiscrimination regulations are summarized below.

Section 504 of the Rehabilitation Act and the ADA

Under Section 504 of the Rehabilitation Act and the ADA, a "person with a disability" means any person who 1) has a physical or mental impairment that substantially limits one or more major life activities, 2) has a record of such an impairment, or 3) is regarded as having such an impairment. Within the school setting, it is extremely rare to have a child qualify for services under parts 2 and 3 of the definition.

Examples of diseases and conditions

The final rule (28 CFR Parts 35 and 36) for the ADA Amendments Act includes the examples below of diseases and conditions that may qualify an individual for protection under Section 504 or the ADA, if the disease or condition meets the qualifying criteria for a physical or mental impairment under Section 504 or the ADA. This list is not all-inclusive.

- Orthopedic, visual, speech, and hearing impairments
- Cerebral palsy
- Epilepsy
- Muscular dystrophy
- Multiple sclerosis
- Cancer
- Heart disease
- Diabetes
- Intellectual disability

- Emotional illness
- Dyslexia and other specific learning disabilities
- Attention deficit hyperactivity disorder
- Human immunodeficiency virus infection (whether symptomatic or asymptomatic)
- Tuberculosis
- Drug addiction and alcoholism. **Note:** An individual who is currently engaging in the illegal use of drugs, when a school district acts based on such use, is not a protected individual with a disability under either Section 504 or the ADA. This exclusion does not include individuals currently participating in, or who have successfully completed, a supervised drug rehabilitation program and are no longer engaging in such drug use.

Major life activities

The final rule for the ADA Amendments Act defines “major life activities” as including, but not being limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working.

“Major life activities” also include the operation of a major bodily function including, but not limited to, functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

Mitigating measures

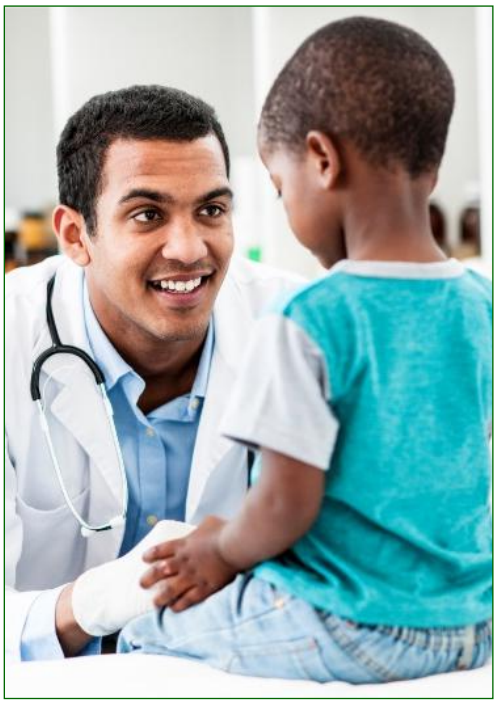
The ADA Amendments Act specifically prohibits “mitigating measures” from being used to deny an individual with a disability protection under Section 504. Mitigating measures include interventions like medications, prosthetic devices, assistive devices, or learned behavioral or adaptive neurological modifications that an individual may use to eliminate or reduce the effects of an impairment.

For example, if a child’s diabetes can be controlled through insulin and diet, the child may still qualify for protection because the mitigating measure (insulin) cannot be considered in determining qualification. However, the Section 504 team may use mitigating measures to determine the accommodations needed for the child.

IDEA Act of 2004

Under the IDEA, a child with a “disability” means 1) a child evaluated in accordance with the IDEA as having one or more of the recognized disability categories; 2) the disability adversely affects educational performance; and 3) because of the disability and the adverse impact, the child needs special education and related services. The IDEA 2004 disability categories include:

- autism;
- deaf-blindness;
- deafness;
- emotional disturbance;
- hearing impairment;
- intellectual disability (mental retardation);
- multiple disabilities;
- orthopedic impairment;
- other health impairment (limited strength, vitality or alertness due to chronic or acute health problems such as lead poisoning, asthma, attention deficit disorder, diabetes, a heart condition, hemophilia, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome);
- specific learning disability;
- speech or language impairment;
- traumatic brain injury;
- visual impairment including blindness; and
- developmental delay (3- to 5-year-old children only).



USDA's nondiscrimination regulations

While the USDA's nondiscrimination regulations (7 CFR 15b) use the term "handicapped" to refer to people with disabilities, this guide uses the terms "disability" and "disabilities" because they are consistent with the current language used in the definitions under Section 504, the ADA and ADA Amendments Act, and the IDEA. The USDA's nondiscrimination regulations provide the following definition for handicapped person:

- "Handicapped Person" means 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.

- "Physical or mental impairment" means 1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or 2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. 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; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.

- "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

- "Has a record of such impairment" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

- "Is regarded as having an impairment" means 1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; 2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments; or 3) has none of the impairments defined in "physical and mental impairment" above, but is treated by a recipient as having such an impairment.

The USDA's nondiscrimination regulations require meal modifications for children whose disability restricts their diet. This applies to all children whose physical and mental impairments meet the definition of disability under any of the federal laws, including Section 504, the ADA and ADA Amendments Act, the IDEA, and the USDA's nondiscrimination regulations. Under the ADA Amendments Act, most physical and mental impairments will constitute a disability.

Determining What Constitutes a Disability

The determination of whether a child has a disability is based on the federal nondiscrimination laws (Section 504, the IDEA, the ADA and ADA Amendments Act, and the USDA's nondiscrimination regulations) and the diagnosis of the child's medical condition by a state licensed healthcare professional or registered dietitian. The medical statement indicates if the child has a disability (physical or mental impairment) that restricts their diet (refer to "Medical Statement Requirements" in this section). Alternatively, the child's Section 504 plan or IEP may indicate this information, if applicable.

Considerations for determining disability

Under the ADA Amendments Act, most physical and mental impairments will constitute a disability. This includes conditions that impair immune, digestive, neurological, and bowel functions, as well as many others. All disability considerations must be reviewed on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each child.

The guidance below summarizes the considerations for what constitutes a disability under the federal laws.

- Under the ADA Amendments Act, a physical or mental impairment does not need to be life threatening to constitute a disability. Limiting a major life activity is sufficient. For example, food intolerance, such as lactose intolerance or gluten intolerance, may be considered to be a disability if it substantially limits digestion, a bodily function that is a major life activity. A child whose digestion is impaired by food intolerance may be a person with a disability, regardless of whether consuming the food causes the child severe distress.

- If a child's condition is not listed under the ADA's categories of diseases and conditions, it cannot be assumed that the condition is not a disability. The ADA's categories of diseases and conditions are not all-inclusive; there are more conditions that meet the definition of disability than are listed in the law.

- The determination of whether a physical or mental impairment constitutes a disability must be made without regard for whether mitigating measures may reduce the impact of the impairment (refer to "Mitigating measures" in this section). An impairment may be covered as a disability even if medication or another mitigating measure may reduce the impact on the impairment. For example, the fact that a child may be able to control an allergic reaction by taking medication should not be considered in determining whether the allergy is a disability.

- General health concerns and personal preferences are not disabilities and do not require meal modifications. An example is parents who prefer that their children eat a gluten-free diet or organic foods because they believe it is healthier This also applies to preferences for fluid milk substitutes (such as rice milk and almond milk) that do not comply with the USDA's nutrition standards for fluid milk substitutes (refer to table 3-1 in section 3).

Based on the ADA Amendments Act, SFAs and LEAs should not engage in weighing medical evidence against the legal standard to determine whether a particular physical or mental impairment is severe enough to qualify as a disability. The primary concern is ensuring equal opportunity for all children to participate in or benefit from school nutrition programs. For additional guidance, refer to USDA Memo SP 59-2016: *Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs* and USDA Memo SP 26-2017: *Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As)*.

Section 504 considerations

The determination of whether a child has a disability under Section 504 is through a Section 504 meeting, which anyone can initiate. A team of professionals who are knowledgeable about the condition of the child reviews the child's data, determines if additional information is needed, and determines if the child qualifies as having a disability under Section 504.

The Section 504 meeting and the Planning and Placement Team (PPT) determines whether the disability affects the child's diet, and therefore requires a meal modification. The PPT is a group of certified or licensed professionals who represent each of the teaching, administrative, and pupil personnel staffs, and who participate equally in the decision-making process to 1) determine the specific educational needs of a child eligible for special education; and 2) develop an IEP for the child. These are people knowledgeable in the areas necessary to determine and review the appropriate educational program for a child eligible for special education.

> If the team determines the child has a disability under Section 504 (because the child has a physical or mental impairment that substantially limits a major life activity), the SFA must make a reasonable modification based on the instructions in the child's Section 504 plan.

There does not have to be an impact on education for a child with special dietary needs to qualify under Section 504. A child with special dietary needs may qualify under Section 504 if the dietary needs significantly impair the child's major life activity of eating. Accommodations to address the child's dietary needs should be written into a Section 504 plan. A separate

Individualized Health Care Plan (IHCP) may be written for the child. In some situations, the IHCP is the child's Section 504 plan.

If the Section 504 meeting determines that the child does not have a disability, the SFA may choose to make meal modifications on a case-by-case basis but is not legally obligated to accommodate the child.

IDEA considerations

A child with special dietary needs may be eligible for special education through the IDEA under the category of "other health impaired" (OHI), where the special dietary needs or other health concerns are the primary reasons the child meets the OHI criteria. OHI requires a chronic or acute medical condition that results in limited strength, vitality, or alertness or a heightened awareness to stimuli, which adversely affects the child's education performance and causes the child to require specially designed instruction. If the child is eligible under the OHI category, the PPT will need to address the effects of the child's medical condition on educational performance. The PPT must also address the special dietary needs as a related service enabling the child to benefit from the educational program.

A child with special dietary needs may be eligible for special education under the IDEA in a category of disability other than OHI. For example, a child with traumatic brain injury may also have special dietary needs. The PPT should consider whether the child's special dietary needs are such that the school should provide related services to enable the child to benefit from instruction. A child identified as having a disability and receiving services under the IDEA will have an IEP.

For children with special dietary needs, the IEP may contain goals and objectives directly related to the child's dietary needs, such as feeding goals. In the related service area, the IEP may indicate what school health services the child needs when the special dietary needs are considered. In addition, the modifications and accommodations page of the IEP document should indicate any meal modifications for the child. Services that are necessary to enable the child to benefit from instruction must be written as a related service for the child.

> If a child's dietary needs interfere with their ability to benefit from instruction, a plan to address the child's special dietary needs is a related service included in the IEP. In this case, the SFA must make the meal modifications indicated in the IEP.

An IHCP may be all that is necessary if the special dietary issues do not affect the child's education. When a child is neither eligible for special education nor qualifies under Section 504, an IHCP should be written to address the child's nutritional needs.

Other considerations

The state licensed healthcare professional or registered dietitian is not responsible for determining if a child qualifies as having a disability under Section 504 or if a child is eligible for special education under the IDEA. The PPT conducts the PPT meeting to determine a child's eligibility for special education under the IDEA. The Section 504 team conducts the Section 504 meeting to determine if a child has a disability.

> A child's medical condition might not necessarily qualify as having a disability under Section 504 or the IDEA. However, it may qualify as a disability under the ADA Amendments Act and may therefore require a reasonable meal modification when a state licensed healthcare professional or registered dietitian certifies the need.

The child's medical statement signed by a state licensed healthcare professional or registered dietitian identifies how the physical or mental impairment restricts the child's diet and explains what must be done to accommodate the child. If a state licensed healthcare professional or registered dietitian determines that a child's disability requires a meal modification, the SFA must make a reasonable meal modification, even if:

- the child is not determined to have a disability under Section 504 or the IDEA; or
- the parent/guardian has not requested services under either of these laws.

For example, food intolerance, such as lactose intolerance or gluten intolerance, is not considered to be a disability under Section 504 or the IDEA. However, under the ADA Amendments Act, food intolerance may be a disability if it substantially limits digestion, a bodily function that is a major life activity. A child whose digestion is impaired by food intolerance may be a person with a disability, regardless of whether consuming the food causes the child severe distress.

Medical Statement Requirements

To receive reimbursement for modified meals and afterschool snacks that do not meet the meal pattern requirements, SFAs must obtain a written medical statement signed by a state licensed healthcare professional or registered dietitian. The requirements for medical statements are summarized below.

Required elements for medical statements

The USDA requires that medical statements requesting meal modifications must include the three elements below.

1. Information about the child's physical or mental impairment that is sufficient to allow the SFA to understand how it restricts the child's diet.
2. An explanation of what must be done to accommodate the child's disability.
3. If appropriate, the food or foods to be omitted and recommended alternatives.

In some cases, more information may be required. For example, if the child requires caloric modifications or the substitution of a liquid nutrition formula to accommodate a disability, the state licensed healthcare professional or registered dietitian should include this information in the medical statement.

> School officials cannot request medical records or medical charts related to a child's disability as part of the medical statement. A medical statement (or Section 504 plan or IEP, if applicable) that includes the three required elements above is the only document required for SFAs to receive reimbursement for modified meals outside of the school meal patterns.

Medical statements should provide sufficient information to allow SFAs to provide meals that are appropriate and safe for each child and comply with the USDA's requirements. When necessary, SFAs should work with the child's parent/guardian to obtain the required information. SFAs should not deny or delay a requested meal modification because the medical statement does not provide sufficient information (refer to "Handling missing information" in section 2).

CSDE's medical statement form

The CSDE's medical statement form and instructions include the information required by the USDA. These documents are available in English and Spanish in the "Medical Statements" section of the CSDE's Special Diets in School Nutrition Programs webpage.

- Medical Statement for Meal Modifications in the School Nutrition Programs (CSDE): https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/medical_statement_snp.pdf
- Instructions for the Medical Statement for Meal Modifications in the School Nutrition Programs (CSDE): https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/medical_statement_snp_instructions.pdf
- Medical Statement for Meal Modifications in the School Nutrition Programs (Spanish): Declaración médica para la modificación de alimentos en los programas de nutrición escolar (CSDE): https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/medical_statement_snp_spanish.pdf
- Instructions for the Medical Statement for Meal Modifications in the School Nutrition Programs (Spanish): Instrucciones: Declaración médica para la modificación de alimentos en los programas de nutrición escolar (CSDE): https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/medical_statement_snp_instructions_spanish.pdf

Schools and institutions that use an alternate form must include the three required elements (refer to "Required elements for medical statement" in this section).

> To protect children's privacy and confidentiality, the medical statement cannot require a specific diagnosis by name or use the terms "disabled" or "disability."

Authorized signers for medical statements

The USDA requires that medical statements must be signed by a state licensed healthcare professional or registered dietitian. These are the only individuals authorized to sign a child's medical statement for meal modifications. SFAs cannot accept medical statements signed by any other individuals.

Medical information in IEP or 504 plan

SFAs are not required to obtain a separate medical statement if the child has an IEP or 504 plan that includes the USDA's three elements (refer to "Required elements for medical statement" in this section), or the LEA obtains the required information during the development or review of the child's IEP or 504 plan. Using a team approach can help LEAs to ensure that the IEP or 504 plan includes the required elements (refer to "Team approach" in section 1). Clear communication about the requirements for the medical statement can help reduce the burden for parents/guardians, school food service staff, and LEA officials working to accommodate children with disabilities in the school setting.

Medical information in doctor's note

Acceptable documentation for meal modifications includes any written statement that includes the three required elements (refer to "Required elements for medical statement" in this section) and is signed by a state licensed healthcare professional or registered dietitian. An example is a doctor's note. SFAs are not required to obtain a separate medical statement when an alternate written statement provides the required information.

> SFAs may request that families use the CSDE's medical statement form but cannot reject any written statement signed by a state licensed healthcare professional or registered dietitian that contains the required information.

Electronic medical statements

Electronic medical statements are acceptable documentation if they include the three required elements (refer to "Required elements for medical statement" in this section) and are signed by a state licensed healthcare professional or registered dietitian. Medical statements with electronic signatures are also acceptable.

Handling missing information

SFAs should not deny or delay a requested meal modification because the medical statement does not provide sufficient information. An example is a medical statement that does not provide recommended alternatives or fully explain the needed modification for the child. If the medical statement is unclear or lacks sufficient detail, the SFA must obtain appropriate clarification to ensure that the child receives safe meals. When necessary, the SFA should work with the child's parent/guardian to obtain an amended medical statement.

While waiting to obtain additional information, the SFA must follow (to the greatest extent possible) the portion of the medical statement that is clear and unambiguous. Clarification of the medical statement should not delay the SFA from providing a reasonable meal modification for the child.

- **Example:** A medical statement indicates that a child experiences respiratory distress when consuming eggs but does not identify recommended substitutes. While waiting for additional information regarding the specific substitutions, the SFA should not serve eggs to the child.

While waiting for the parent/guardian to submit additional information or a revised medical statement, the USDA allows SFAs to claim reimbursement for modified meals that do not comply with the meal patterns. In this situation, school officials must follow the procedures below.

1. Document the initial conversation with the parent/guardian when the school official first learned of the child's need for a meal modification.

2. Follow up with the parent/guardian if the school does not receive the requested medical statement as anticipated. Maintain a record of this contact.

3. Diligently continue to follow up with the parent/guardian until the LEA obtains a medical statement or the parent/guardian rescinds the meal modification request.

Maintain this documentation on file (refer to "Storing medical statements" in this section).

Declining a request

If the meal modification request is related to the child's disabling condition, it is almost never appropriate for the SFA to decline the meal modification. The only exception is a modification request that would fundamentally alter the nature of the USDA's school nutrition programs.

- **Example:** A child with a disability consumes their lunch at home every day. The parent/guardian requests that the SFA provides modified meals to send home with the child. This modification would not be appropriate because it would fundamentally alter the nature of the USDA's school nutrition programs, which are intended to provide meals to children in the school setting.

> Modification requests that would fundamentally alter the nature of the school nutrition programs are extremely rare. SFAs should contact the CSDE for assistance with any concerns that a requested modification would fundamentally alter the nature of the school nutrition programs.

Generally, the LEA's emphasis should be focused on working collaboratively with parents/guardians to develop an effective approach to providing meal modifications for the child. If the SFA declines a meal modification request, the SFA must ensure that the child's parent/guardian understands their rights under the procedural safeguards process (refer to "Procedural Safeguards" in section 4).

Stopping a request

If a child no longer needs a meal modification, SFAs are not required to obtain written documentation from a state licensed healthcare professional or registered dietitian to rescind the original medical order prior to ending a meal modification. However, the USDA recommends that SFAs maintain documentation when ending a child's meal modification. For example, before ending the meal modification, the SFA could ask the child's parent/guardian to sign a statement or send an email indicating their child no longer needs the meal modification.

Storing medical statements

The CSDE recommends storing medical statements in the student's Cumulative Health Record (CHR) maintained by the school nurse. The CHR serves as the official student health record in Connecticut schools. It is recognized and maintained as a formal part of an educational record. The CHR provides a systematic way to organize the collection of student health information.

Updating medical statements

The USDA regulations do not specify time limits on medical statements or require SFAs to obtain updated medical statements on a regular basis. However, when parents/guardians provide updated medical information, LEA's must ensure that the medical statements on file reflect children's current dietary needs. Changes to diet orders must be written on a medical statement signed by a state licensed healthcare professional or registered dietitian (or updated in the child's IEP or Section 504 plan, if applicable).

Since a child's dietary needs may change over time, the CSDE strongly recommends that LEA's develop a plan for ensuring that the dietary information on file is current. For example, a school's policy could request an updated medical statement whenever a child has a physical; transitions to a different school; requires a new meal modification; or requires a change to an existing meal modification.

SFAs may require updates as necessary to meet their responsibilities. When establishing these requirements, the USDA recommends carefully considering if obtaining additional medical statements could create a burden for parents/guardians.

Handling conflicting information

SFAs should request a revised medical statement when there is a conflict between the information in the child's medical statement and information provided either verbally or in writing by the child's parent/guardian.

- **Example:** A child's medical statement indicates that all foods containing lactose must be avoided. The parent tells the cafeteria manager that her child can eat yogurt and cheese. The SFA should request a revised medical statement that is signed by the child's state licensed healthcare professional or registered dietitian and clarifies the change in the meal modification. This ensures clear communication between the parents/guardians, school food service program, and school nurse regarding the appropriate meal modification for the child.

Updated information is important because the USDA requires food service staff to make a reasonable meal modification based on the instructions in the child's medical statement. The USDA does not allow school food service staff to diagnose health conditions, perform nutritional assessment, prescribe nutritional requirements, or interpret, revise, or change a diet order from a state licensed healthcare professional or registered dietitian.

Sharing medical statements with food service staff

The school nurse may share copies of student medical statements with school food service staff for the purposes of meal modifications for children with special dietary needs. The FERPA allows the sharing of confidential student information when there is a legitimate educational interest, such as making meal modifications for special dietary needs. The school food service department should have access to this information to allow food service personnel to make appropriate meal modifications for each child.

When a medical statement is not required

The USDA does not require medical statements for modified meals that meet the meal patterns. Some examples include:

- meals modified only for texture such as chopped, ground, or pureed foods (refer to "Texture Modifications" in this section); and
- meals that substitute foods from the same meal component, such as substituting a banana for strawberries (fruits component), lactose-free milk for regular milk (milk component), and chicken for pork (MMA component).

While not required, the CSDE recommends obtaining a medical statement to ensure clear communication between parents/guardians and applicable school staff regarding the appropriate meal modifications for the child. This serves as a precaution to ensure clear communication about safe and appropriate meals for the child, protect the LEA, and minimize misunderstandings.

Episodic Disabilities

The requirements for providing meal modifications for children with disabilities apply regardless of the duration of the disability. If a child's disability is episodic and substantially limits a major life activity when active, the SFA must provide a reasonable modification based on the child's medical statement signed by a state licensed healthcare professional or registered dietitian. Examples of episodic disabilities include mental illness, multiple sclerosis, Crohn's colitis, and some forms of cancer.

Temporary Disabilities

SFAs must provide meal modifications for children whose disability restricts their diet, regardless of whether the disability is permanent or temporary. The determination of whether a temporary impairment is a disability must be on a case-by-case basis, taking into consideration both the duration (or expected duration) of the impairment and the extent to which it limits a major life activity of the affected individual.

If a child's condition is temporary, but severe and lasts for a significant duration, the SFA must provide a reasonable modification for the duration of the condition. Examples of temporary disabilities include:

- a child who had major oral surgery due to an accident and is unable to consume food for a significant period unless the texture is modified;
- a child who is on medication for several months, and the medication requires avoidance of certain foods; and
- a child who had knee surgery and uses crutches, so they are unable to carry a lunch tray.

If a child has a temporary disability, the SFA must make the requested meal modification, even though the child is not "permanently" disabled. However, temporary illnesses or injuries (such as a cold, the flu, or a minor broken bone) are generally not considered to be conditions that require reasonable meal modifications.

Same Meal

SFAs are not required to provide the same meal offered on the regular school menu.

- **Example:** The regular lunch entree item is whole grain-rich (WGR) pasta with cheese. The SFA is not required to prepare WGR pasta with lactose-free cheese for a child with lactose intolerance. The SFA could meet the requirement for a reasonable modification by serving a different entree that meets the child's dietary need to avoid lactose, such as a turkey sandwich on WGR bread.

SFAs are only responsible for providing a reasonable meal modification that safely accommodates the child's disability.

Specific Brands of Food

SFAs may consider expense and efficiency in choosing an appropriate approach to accommodate a child's disability. SFAs must offer a reasonable modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from the school nutrition programs.

> In general, the USDA does not require SFAs to provide the exact substitution or other modification requested in the child's medical statement (such as a specific brand of food or nutrition supplement) unless it is medically necessary. In most cases, a generic brand is sufficient.

For example, a child with an allergy to a specific ingredient found in a menu item might have a medical statement that requests a specific brand-name version as a substitute. Generally, the SFA is not required to provide the identified brand-name food but must offer a substitute (any brand or type of food) that does not contain the specific allergen that affects the child.

- **Example:** A medical statement lists a specific brand of gluten-free chicken patty. The SFA could check with the child's parent/guardian to see if it would be safe and appropriate to provide a different gluten-free brand or a different gluten-free food item. Appropriate substitutes might include any of the following: 1) a different brand of gluten-free chicken patty that meets the child's specific dietary needs; 2) another type of chicken that meets the child's specific dietary needs, e.g., gluten-free grilled or baked chicken; or 3) another type of food that meets the child's specific dietary needs, e.g., gluten-free hamburger or sliced turkey. The parent/guardian could affirm that the change meets the child's dietary needs.

When the requested substitute is very expensive or difficult to procure or obtain, it is reasonable for the SFA to follow up with the parent/guardian to see if a different substitute would be safe and appropriate for the child.

Number of Alternate Meals

The USDA regulations do not require a specific number of alternate meals to meet meal modifications for disability reasons. Each child's request must be assessed on a case-by-case basis to determine the specific and appropriate modification for the individual child, including the number of alternate meals.

In certain cases, a child may have a restricted diet that requires the same modified meal each day. However, most children will be able to eat a variety of modified meals over the week. Depending on the child's individual medical condition and the medical statement's instructions, a reasonable modification could be offering:

- the same modified meal that meets the child's specific dietary needs, each time the child eats school meals; or
- a cycle menu of modified meals that meet the child's specific dietary needs, based on input from the child's parent/guardian, medical professionals, school nurse, school dietitian, and other appropriate individuals.

Whenever possible, the USDA encourages SFAs to offer children with disabilities a variety of options over the school week that is similar to the weekly variety of options offered to children without disabilities.

Develop cycle menus for special diets

To improve nutrition and increase variety, the CSDE encourages SFAs to develop cycle menus of modified meals for specific dietary concerns, such as a five-day cycle menu for a gluten-free diet or a two-week cycle menu for a specific food allergy. A cycle menu is a series of menus planned for a specific period with a different menu for each day. At the end of the cycle, the menu repeats in the same order. For information on developing cycle menus, visit the "Cycle Menus" section of the CSDE's Menu Planning for Child Nutrition Programs webpage.

> Before using the same cycle menu for different children with the same medical condition, SFAs should check with each child's parents/guardians to ensure that the modified meals meet their child's specific dietary requirements.

Different Portion Sizes

If a state licensed healthcare professional or registered dietitian indicates that a child's disability requires different portion sizes from the minimum quantity requirements in the USDA's meal patterns, the SFA must provide the specified portions. Some examples are indicated below.

- A child requires an additional amount of a specific meal component at lunch, such as a second serving of the MMA component or grains component. The SFA must provide the additional amount of the meal component.

- A child requires a smaller portion of food than the minimum serving required in the CACFP meal patterns. For example, the lunch meal pattern for grades 9-12 requires 2 ounce equivalents (oz eq) of the MMA component, but the child's medical statement indicates that 1 oz eq of MMA is required. The SFA must provide the smaller portion.

- A child requires two of the same meal, such as two lunches. The SFA must provide the two lunches. However, the USDA regulations do not allow SFAs to claim more than one lunch per child per day.

The child's medical statement (or Section 504 plan or IEP, if applicable) must specify any requirements for different portion sizes.

Texture Modifications

Unless otherwise specified by the state licensed healthcare professional or registered dietitian, meals modified for texture (such as chopped, ground, or pureed) should consist of the same food items and quantities specified in the regular school menus. SFAs should work with the school nurse to provide school food service staff with proper training on pureeing foods and any additional auxiliary aids or services (including necessary equipment) to implement texture modifications.

SFAs cannot make changes or substitutions to the original texture modification request in a child's medical statement without consulting the child's parent/guardian.

- **Example:** The medical statement for a child with a disability requests pureed food. The SFA cannot substitute baby food as an alternative to pureeing the regular school menu unless it is appropriate for the child and effectively accommodates the child's specific dietary needs. The parent/guardian must agree to the substitution and must submit a revised medical statement confirming that baby food is an appropriate modification to meet the child's specific dietary needs.

As with all meal modifications, continued communication between the SFA and parents/guardians is essential to ensure that children with a disability receive an appropriate texture modification. All texture modifications for children whose disability restricts their diet must be made on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each child. An appropriate texture modification for one child might not be appropriate for another child.

> Meals and afterschool snacks that consist only of texture modifications must meet the applicable meal pattern for each age or grade group (refer to "Guidance on the meal patterns" in section 1).

Medical statements are not required when texture is the only meal modification. LEAs may apply stricter guidelines and require that SFAs keep a medical statement on file concerning the needed texture modifications. The CSDE recommends obtaining a medical statement to ensure clear communication between parents/guardians and school staff regarding the appropriate meal modifications for the child. This serves as a precaution to ensure clear communication about safe and appropriate meals for the child, protect the LEA, and minimize misunderstandings.

As with other dietary substitutions, the USDA does not provide additional reimbursement for texture-modified meals and afterschool snacks. If a child requires pureed foods, it is reasonable to expect the NSFSA to purchase a blender or food processor and to have the meal prepared by school food service staff. For more information on texture modifications, refer to the CSDE's *Guidelines for Feeding and Swallowing Programs in Schools*.

Tube Feeding

If a child is determined under Section 504 to have a disability that requires tube feeding, the child's Section 504 plan will include feeding and swallowing as a component. Feeding and swallowing disorders are not a disability category in the IDEA. Therefore, if a child is determined to have a disability under the IDEA, the PPT will include feeding and swallowing as a related service of the child's IEP.

The USDA recommends using commercial nutrition formulas prescribed by a state licensed healthcare professional or registered dietitian and specially designed for tube feedings. Formula prepared on site may be subject to spoilage and might not always have the correct consistency or nutritional content. Proper administration of this type of feeding generally requires the skills of specially trained personnel, such as nurses or specially trained aides who regularly work with the child.

If the child has an IEP, special education funds may cover the cost of commercial tube feeding formulas and special personnel. If the child does not have an IEP, the LEA may, as appropriate, charge these costs in part to the SFA or assign them to the school district's general fund or other funding sources (refer to "Allowable Costs" in section 1).

With appropriate documentation on the medical statement, the SFA could be responsible on a case-by-case basis for the cost of tube feeding formulas required as substitutions. However, school food service staff are not responsible for physically feeding the child. For more information on tube feedings, refer to the CSDE's *Guidelines for Feeding and Swallowing Programs in Schools*.

Administering Feedings

When children with disabilities require assistance in eating, the determination of who will feed the child is a local school decision. While the SFA is responsible for providing modified meals for children with disabilities, school food service staff are not responsible for physically feeding the children.

LEAs should be aware of the potential liability if personnel without sufficient training and direction are performing tasks or activities such as developing or modifying a diet order prescribed by a state licensed healthcare professional or registered dietitian or administering tube feedings. Proper administration of this type of feeding generally requires the skills of specially trained personnel, such as nurses or trained aides who regularly work with the child.

Meal Services Outside the USDA's School Meal Programs

The general guideline in making meal modifications is that children with disabilities must be able to participate in and receive benefits from programs that are available to children without disabilities. SFAs are not required to provide meal services to children with disabilities when the meal service is not normally available for the general student body. For example, if a school does not participate in the SBP, the SFA is not required to provide breakfast for children with disabilities. However, there are two exceptions meal services outside the USDA's school meal programs are required.

1. **IEP requires a meal:** If a child with a disability has an IEP that requires a meal that the school or institution does not provide, the LEA (school or institution) must provide the meal service at no cost to the family and may choose to have the SFA handle this responsibility. The IDEA requires that any nutrition-related services included in a child's IEP that are deemed necessary for the child to receive a free appropriate public education must be provided at public expense, and at no cost to the child's family (refer to "Allowable Costs" in section 1).

2. **Child resides in RCCI:** If a child with a disability resides in a RCCI and requires special meal services, the RCCI serves as the child's home and the child has no other recourse for meals. The RCCI must provide all required meal services prescribed by the state licensed healthcare professional or registered dietitian in the child's medical statement or IEP.

In these instances, SFAs must provide meal services that are not normally available for the general student body.

Special foods or nutrition supplements

If the child's medical statement (or Section 504 plan or IEP, if applicable) documents that special foods or nutrition supplements are medically necessary for disability reasons, the SFA is generally required to provide them as part of reimbursable meals and afterschool snacks. In some cases, other funding sources may be available to cover these costs (refer to "Allowable Costs" in section 1).

The SFA is not required to pay for other servings of special foods or nutrition supplements throughout the school day outside of reimbursable meals and afterschool snacks, unless the child has an IEP that requires them. If the IEP includes special foods or nutrition supplements outside of the normal meal service periods, the LEA's administration is responsible for providing them and allocating the cost of making these accommodations.

The examples below indicate when special foods or nutrition supplements are required for disability reasons.

- **Example 1 – Child has a disability but no IEP:** A medical statement for a child with a disability requires six cans of a nutrition supplement during the school day, including two cans at breakfast, one can in the mid-morning as a snack, two cans at lunch, and one can in the mid-afternoon as a snack. The child does not have an IEP. Is the SFA required to provide and pay for all six servings?

  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. The SFA must provide and pay for the nutrition supplements as part of any reimbursable meal service provided by the school. The child must pay the regular meal price based on their eligibility for paid, reduced, or free meals.

  For example, if the school participates in the SBP and the NSLP, the SFA is responsible for purchasing and serving the required nutrition supplements as part of the child's reimbursable meal at breakfast (two cans) and lunch (two cans). However, the SFA is not required to provide the supplements needed for the child's snacks (one can in the mid-morning and one can in the mid-afternoon) because they are outside of the USDA's reimbursable meal service.

- **Example 2 – Child has a disability and IEP:** A medical statement for a child with a disability requires a special food or nutrition supplement three times a day. The child has an IEP that specifies this accommodation. Is the SFA required to provide and pay for all three servings?

  It depends on when the food or nutrition supplement is required and how the LEA allocates the cost. Since the child has an IEP, the LEA must make the specified accommodations to school meals and outside of school meals. The SFA must provide and pay for the nutrition supplements as part of any reimbursable meal service provided by the school. The child must pay the regular meal price based on their eligibility for paid, reduced, or free meals.

  If the special food or nutrition supplement is required at times outside of the USDA's reimbursable meals, the LEA must make the specified accommodation at no cost to the family and may charge the cost to the SFA or other LEA funding sources. While this is an allowable cost to the school food service program, there may be alternate funding sources that can cover the cost, such as special education funds, the district's general fund, or other funds. The overall responsibility for accommodating children with disabilities rests with the LEA (refer to "Allowable Costs" in section 1).

A La Carte Foods

A la carte foods (competitive foods) are foods and beverages available for sale to students separately from reimbursable meals and afterschool snacks in the USDA's school nutrition programs. Examples of a la carte foods include foods and beverages sold anywhere on school premises, such as cafeteria serving lines, a la carte lines, culinary programs, kiosks, vending machines, school stores, fundraisers, and snack bars.

> The required accommodations for children whose disability restricts their diet apply only to reimbursable meals and afterschool snacks served in the USDA's school nutrition programs. SFAs are not required to make modifications for any foods or beverages that students can purchase in addition to or in place of reimbursable meals and afterschool snacks, such as a la carte sales.

SFAs are not responsible for providing foods and beverages that are not part of reimbursable meals and afterschool snacks unless they are specifically included in a child's IEP. In this case, the LEA must provide the required foods and beverages at no cost to parents/guardians and may choose to have the SFA handle this responsibility (refer to "Allowable Costs" in section 1).

Offer versus Serve

Offer versus serve (OVS) is a provision that applies to menu planning and the determination of reimbursable meals for grades K-12 in the NSLP and SBP. OVS does not apply to the SMP, ASP, or the preschool meal patterns.

OVS must be implemented in senior high schools for lunch but is optional for breakfast. For junior high, middle schools and elementary schools, OVS is optional for both breakfast and lunch.

Under OVS, SFAs must offer the minimum serving of all required meal components and students may decline a certain number of meal components or food items in the meal.

- For the NSLP, students must select at least ½ cup of fruits or vegetables and the full serving of at least two other meal components.
- For the SBP, students must select at least three food items including at least ½ cup of fruit (or vegetable substitutions, if offered).

For more information on OVS, visit the CSDE's Offer versus Serve for School Nutrition Programs webpage and refer to the CSDE's *Offer versus Serve Guide for School Meals*.

OVS cannot be used to accommodate a disability

SFAs cannot use OVS to accommodate a child's disability by asking the child to exclude a meal component or food item from their meal selection.

- **Example:** A child who has celiac disease or gluten intolerance must have a choice of a gluten-free grain item. The SFA cannot use OVS to eliminate the grains component for this child.

SFAs that implement OVS must ensure that children with a disability have the opportunity to select all required meal components or food items of the meal that are available to all children.

Nutrition Information

The USDA considers providing nutrition information for foods and beverages served in reimbursable meals and afterschool snacks to be part of reasonable meal modifications. SFAs are responsible for making nutrition information for reimbursable meals and afterschool snacks available to students, families, school nurses, and others as needed. This enables parents/guardians and appropriate medical personnel to determine which meals and afterschool snacks are safe for the child to eat, and which meals and afterschool snacks the SFA must modify to meet the child's specific dietary requirements.

- **Example:** A child has a life-threatening food allergy. The SFA must provide information on the ingredients for foods and beverages served in reimbursable meals and afterschool snacks. This information allows the parent/guardian to determine which meals and afterschool snacks are safe to eat, and which must be modified to prevent an allergic reaction. For more information on nutrition information for students with food allergies, refer to "Reading labels" in this section.

As a reminder, a best practice is developing cycle menus for common special diets, such as gluten free, diabetic, and specific food allergies (refer to "Develop cycle menus for special diets" in this section). This ensures that nutrition information is readily available for all menu items.

How to provide nutrition information

SFAs can provide nutrition information in a variety of ways. Examples include school menus, school websites, and maintaining a binder of nutrition labels in the school cafeteria or district food service office that parents/guardians can review.

> If a product's label does not provide adequate nutrition information, SFAs are responsible for obtaining the necessary information to ensure a safe meal for the child. SFAs should contact the product's supplier or manufacturer to obtain the required nutrition information.

It is important to have good communication between the school, students, and parents/guardians. When parents/guardians require nutrition information, the CSDE recommends providing a monthly menu several weeks in advance. This enables parents/guardians to determine which meals and afterschool snacks their child will be eating. It also allows sufficient time for the school food service program to gather nutrition information for

the selected meals and afterschool snacks to share with the student, parents/guardians, school nurse, and other appropriate personnel.

Nutrition information for multiple meal choices

In addition to the main lunch or breakfast menu, many SFAs offer multiple daily reimbursable meal choices. Some examples are offering three different reimbursable breakfast choices or four different reimbursable lunch choices. In this case, the SFA is not necessarily required to provide nutrition information for all meal choices because this would be very burdensome.

A reasonable accommodation could be developing a cycle menu with input from the child's parent/guardian, medical professional, school dietitian, school nurse, and other members of the Section 504 team, as appropriate (refer to "Develop cycle menus for special diets" in this section). In this case, the SFA is only required to provide nutrition information for the foods on the planned cycle menu for the special diet, but not all foods offered in the school nutrition programs.

- **Example 1:** A child is allergic to soy. The SFA is responsible for providing nutrition information for all foods and beverages served in one daily reimbursable meal choice. The SFA is not required to provide nutrition information for all food choices available during the lunch and breakfast meal service.

- **Example 2:** A child with diabetes must track his carbohydrate intake. The SFA is responsible for providing a carbohydrate count to the parent/guardian for all foods and beverages served in one daily reimbursable meal choice. The SFA is not required to provide carbohydrate counts for all food choices available during the lunch and breakfast meal service.

For more information, refer to "Number of Alternate Meals" and "Carbohydrate Counts" in this section.

Nutrition information for procured meals

When a school or institution obtains reimbursable meals or afterschool snacks from a vendor or through a food service management company (FSMC), the food service contract should address the requirement for providing nutrition information. Vendors must make nutrition information available as needed (refer to "Modifications for Procured Meals" in section 1).

Nutrition information for USDA Foods

The USDA's USDA Foods in Schools Product Information Sheets webpage provides product information sheets for USDA Foods. These sheets include the product's description, crediting and yield information, culinary tips and recipes, food safety information, and a general Nutrition Facts label. However, they do not include a product-specific Nutrition Facts label or ingredients statement.

For further processed USDA Foods, the nutrition information and ingredients for USDA direct delivery food items (brown box) may vary based on the vendor who received the bid. If SFAs require product information for students with food allergies or other dietary needs, they must obtain product-specific information from the manufacturer.

To find the nutrition information for USDA direct delivery food items, check the outside of the case or the inside packaging. If nutrition information is not available, check with the product's manufacturer. The processor's agreement with the Connecticut Food Distribution Program (FDP) requires that the processor must provide product nutrition information to SFAs upon request and make this information available on their website. For additional assistance, contact the Connecticut FDP staff.

Carbohydrate Counts

SFAs are responsible for providing a carbohydrate count to the parent/guardian of a diabetic child for all foods and beverages served in one daily reimbursable meal choice. If the daily menu includes multiple meal choices, the SFA is not required to provide carbohydrate counts for each meal (refer to "Nutrition information for multiple meal choices" in this section).

SFAs are responsible for providing information on the initial weights or measures of the planned food for the meal or snack. However, school food service staff are not responsible for weighing or measuring leftover food after the child has consumed the meal or determining the proper amount of carbohydrates needed or consumed. These tasks are the responsibility of the school nurse or other designated medical personnel.

The CSDE encourages SFAs to develop a one- or two-week diabetic cycle menu with carbohydrate counts (refer to "Develop cycle menus for special diets" in this section). Before using the same cycle menu for different diabetic children, SFAs should check with each child's parents/guardians to ensure that the modified meals meet their child's specific dietary requirements.

Resources for carbohydrate counts

Guidance on carbohydrate counting is available in the ICN's online training, Carbohydrate Counting for School Nutrition Programs. For resources on diabetes, visit the American Diabetes Association website and the "Diabetes" section of the CSDE's Special Diets in School Nutrition Programs webpage, and refer to "Diabetes" in the CSDE's *Resource List for Special Diets in the Child Nutrition Programs*.

Food Allergies

A food allergy is an adverse immune response to a food protein (allergen) that the body mistakenly identifies as being harmful. The resulting allergic reaction can be mild to severe and can affect the respiratory system, gastrointestinal tract, skin, and cardiovascular system.

Allergic reactions generally occur within minutes or up to two hours after eating the food. For some people, food allergies can cause a life-threatening reaction known as anaphylaxis. Anaphylaxis is a severe allergic reaction with rapid onset that may cause difficulty breathing and death.

> Under the ADA Amendments Act, a food allergy does not need to be life threatening or cause anaphylaxis to be considered a disability. A non-life-threatening food allergy may be a disability and require a meal modification if it affects a major bodily function or other major life activity, such as digestion, respiration, immune response, and skin rash. If a state licensed healthcare professional or registered dietitian determines that a food allergy is a disability for a particular child, the SFA must make a reasonable meal modification based on the child's medical statement.

While almost any food can trigger an allergic reaction, nine foods cause most reactions. These include milk, eggs, peanuts, tree nuts (e.g., almonds, cashews, pistachios, pecans, walnuts, and hazelnuts), wheat, soy, fish, crustacean shellfish (e.g., crab, lobster, and shrimp), and sesame.

Currently, there is no cure for food allergies. The only way to prevent an allergic reaction is to avoid exposure to the allergen. Prevention is important because even a tiny amount of an allergen can cause a severe and potentially life-threatening reaction for some children.

Staff Actions for Safe Mealtimes with Food Allergies

The school nutrition program plays an important role in implementing each student's food allergy management plan. School food service managers and staff should focus on several key actions to keep the cafeteria safe for children with food allergies. These actions include providing a safe meal and safe environment, reading labels, recognizing students with food allergies, and promoting communication and teamwork. A summary of each action follows.

Providing a safe meal and safe environment

SFAs must provide a safe meal for all children with food allergies and a safe environment to consume the meal. Modified reimbursable meals and afterschool snacks must meet each child's prescribed guidelines and be free of all ingredients that could cause an allergic reaction. For example, if a child has a peanut allergy, foods served to the child cannot contain peanuts.

Sometimes it is advisable to prepare a separate meal from scratch using ingredients allowed in the child's diet, instead of using processed foods. The general rule is to always exercise caution. Foods with unknown ingredients cannot be served to children who are at risk of allergic reactions.

Preventing cross-contact

School food service staff must use proper storage, preparation, and cleaning techniques to prevent exposure to allergens through cross-contact. Cross-contact occurs when an allergen is transferred from a food that contains the allergen to a food or surface that does not contain the allergen (such as counters, equipment, utensils, sponges, potholders, and cloth towels).

> Cross-contact (allergic reaction) is different from cross-contamination (foodborne illness). Cross-contamination occurs when microorganisms (such as bacteria and viruses) are transferred from a food, person, or surface to another food and cause foodborne illness. Cooking reduces or eliminates most microorganisms, but it does not destroy food allergens.

Some examples of cross-contact include:

- using a knife to make peanut butter sandwiches, wiping the knife, then using the same knife to cut a grilled cheese sandwich;
- using the same spatula to flip a hamburger after flipping a cheeseburger;
- steam from cooking fish or shellfish touches nearby foods;

- cutting cheese then vegetables on the same cutting board without proper cleaning;
- cooking fish and chicken on the same flat-top grill or in the same pan; and
- touching almonds then handling pasta without proper handwashing

SFAs must ensure that all food service staff understand how to identify and prevent cross contact.

Properly clean food production surface areas

When preparing and serving food, school food service staff must ensure that food preparation and serving utensils are not exposed to allergens and then used for other foods. Food production surface areas should be properly cleaned before, during, and after food preparation. Allergen residue can be removed by cleaning with soap, warm water, and friction.

> It is important to note that sanitizing to reduce microorganisms does not remove allergen residue. SFAs must follow proper cleaning procedures specially designed to eliminate allergens on food production surfaces.

Use proper handwashing

Alcohol-based hand sanitizers, antibacterial gel, and washing with water alone do not deactivate the proteins that cause food allergies. School food service staff must use proper handwashing procedures to help reduce the risk of exposure to food allergens. For more information, visit the "Handwashing" section of the CSDE's Food Safety for Child Nutrition Programs webpage.

Reading labels

Reading food labels is the only way to identify potential allergens in commercially packaged foods. School food service staff should read all food labels each time the product is received. This is important because ingredients and manufacturing processes can change, vendors can change, and suppliers might make product substitutions. SFAs cannot rely on product specifications, fact sheets, or ingredient information from the last shipment to ensure that the current product is allergen-free.

The Centers for Disease Control and Prevention's (CDC) *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs* recommends keeping all food labels for 24 hours as a precaution in case a student has an allergic reaction. Consider scanning or photographing all labels for easy access on a computer or online.

Manufacturers are required to list certain food allergens on the label. The Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) requires that packaged foods list the eight major food allergens (milk, eggs, peanuts, tree nuts, wheat, soy, fish, and crustacean shellfish) in plain language. Effective January 1, 2023, the Food Allergy Safety, Treatment, Education and Research (FASTER) Act of 2021 added sesame to the list of food allergens that must be labeled on packaged foods.

For guidance on nutrition information for USDA Foods, refer to "Nutrition information for USDA Foods" in this section.

Recognizing students with food allergies

School food service staff are the cafeteria's first line of defense in ensuring that students with food allergies receive safe meals. It is important that servers and cashiers get to know and recognize the students in their school who have food allergies and be able to identify any menu items that these students should avoid.

School food service staff should follow the LEA's procedures for identifying students with food allergies. When determining how school food service staff will identify students during the meal service, the LEA's policies and practices must protect the privacy of children who have a disability and must maintain confidentiality of each child's medical condition. For information on recommended practices for identifying students with food allergies, refer to "Identifying Students with Special Dietary Needs" in this section.

Promote communication and teamwork

Good communication and teamwork among school staff are essential for providing a safe environment for students with food allergies. School food service staff must follow the instructions in each student's medical statement and understand each student's food allergy management plan. Close communication between school health services personnel and school food service staff ensures that children receive appropriate meal modifications. For more information, refer to "Communicating with school food service staff" in section 1.

Clear communication with staff

SFAs should communicate the appropriate actions to avoid allergic reactions and respond to food allergy emergencies to all school food service staff involved in managing a student's food allergy. The CSDE recommends developing SOPs for managing food allergies in the school nutrition programs (refer to "Standard operating procedures (SOPs)" in section 4). This helps to ensure clear communication regarding the required procedures that all school food service staff must follow.

Professional development for staff

SFAs should provide school food service staff with ongoing professional development to communicate information about relevant topics for managing students' food allergies and preventing allergic reactions. Examples include how to prevent cross-contact (including proper storage, preparation, cleaning, and handwashing techniques); how to read food labels; and the LEA's procedures for identifying students with food allergies. For more information, refer to "Staff Training" in section 4.

Clear communication with parents/guardians

LEAs must maintain clear communication with parents/guardians about the SFA's procedures for managing food allergies (refer to "Communicating with parents/guardians" in section 1). This communication should include:

- the policy for meal modifications and procedures for requesting meal modifications (refer to "Recommended Policy for Meal Modifications" in section 4);
- the procedural safeguards process (refer to "Procedural Safeguards" in section 4);
- the food allergy management plan (refer to "Food Allergy Management Plan" in section 4); SOPs for food allergies and meal modifications (refer to "Standard Operating Procedures (SOPs)" in section 4):

- the procedures for accessing nutrition information for foods and beverages served in reimbursable meals and afterschool snacks (refer to "Nutrition Information" in this section).

For more information, refer to "Communicating with parents/guardians" in section 1 and "Communication tool" in section 4.

For more information and guidance on the specific roles and responsibilities of school food service staff, refer to "Food Allergy Management Plan" in section 4 and the CSDE's *Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools*.

Accommodating food allergies within the meal patterns

Many food allergies can be accommodated within the meal patterns by substituting foods and beverages within the same meal component.

- **Example:** A child has an allergy to a specific fruit. The SFA can substitute a different fruit that is safe for the child to eat.

Medical statements are not required if modified meals and afterschool snacks for disability reasons meet the school meal patterns. However, the USDA strongly encourages SFAs to document the actions taken to accommodate the child's disability.

The CSDE recommends obtaining a medical statement for optional modifications to ensure clear communication between parents/guardians and all appropriate school staff regarding the appropriate modifications for the child. This serves as a precaution to ensure safe and appropriate meals for the child, protect the LEA, and minimize misunderstandings.

Food allergy resources

The resources below provide guidance on managing food allergies in schools.

- Allergies and Food Sensitivities (USDA):
  https://www.nal.usda.gov/fnic/allergies-and-food-sensitivities

- Avoiding Cross-Contact (FARE):
  https://www.foodallergy.org/resources/avoiding-cross-contact

- Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) Questions and Answers (FDA): https://www.fda.gov/food/food-allergensgluten-free-guidance-documents-regulatory-information/food-allergen-labeling-and-consumer-protection-act-2004-questions-and-answers

- Food Allergies for School Nutrition Directors (ICN): https://theicn.org/icn-resources-a-z/food-allergies-for-school-nutrition-directors/

- Food Allergy Fact Sheets (ICN): https://theicn.org/icn-resources-a-z/food-allergy-fact-sheets

- Food Allergy Research & Education (FARE): http://www.foodallergy.org/

- Food Allergies (CSDE's Special Diets in School Nutrition Programs webpage): https://portal.ct.gov/sde/nutrition/special-diets-in-school-nutrition-programs/food-allergies

- How to Read a Food Label (FARE): https://www.foodallergy.org/resources/how-read-food-label

- Managing Food Allergies: School Nutrition Directors Fact Sheet (ICN): https://theicn.org/resources/166/food-allergy-fact-sheets/111863/managing-food-allergies-school-nutrition-directors-fact-sheet-2.pdf

- Managing Food Allergies: School Nutrition Staff Fact Sheet (ICN): https://theicn.org/resources/166/food-allergy-fact-sheets/111862/managing-food-allergies-school-nutrition-staff-fact-sheet-2.pdf

- Online Training: Food Allergies in School Nutrition Programs, Part 1: General Food Allergies (ICN): https://theicn.docebosaas.com/learn/course/external/view/elearning/118/food-allergies-in-snps-general-food-allergies

- Online Training: Food Allergies in School Nutrition Programs, Part 2: Reading Food Labels (ICN): https://theicn.docebosaas.com/learn/course/external/view/elearning/126/food-allergies-in-snps-reading-food-labels

- Online Training: Food Allergies in School Nutrition Programs, Part 3: Avoiding Cross-Contact (ICN): https://theicn.docebosaas.com/learn/course/external/view/elearning/153/food-allergies-in-school-nutrition-programs-avoiding-cross-contact

- Online Training: Food Allergies in School Nutrition Programs, Part 4: Accommodating Food Allergies in Schools (ICN): https://theicn.docebosaas.com/learn/course/external/view/elearning/162/food-allergies-in-snps-accommodating-food-allergies-in-schools

- Online Training: Menu Strategies for Special Diets and Allergens (ICN): https://theicn.docebosaas.com/learn/course/external/view/elearning/173/cicn-menu-strategies-for-special-diets-and-allergens-jul-2021

- School Tools: Allergy & Asthma Resources for Families, Clinicians and School Nurses (American Academy of Allergy, Asthma & Immunology): https://www.aaaai.org/conditions-and-treatments/school-tools

- Standard Operating Procedure (SOP): Serving Safe Food to Students with Food Allergies (ICN): https://theicn.org/resources/181/food-safety-standard-operating-procedures/105719/serving-safe-food-to-students-with-food-allergies-3.docx

- Tips for Avoiding Your Allergen (FARE): https://www.foodallergy.org/resources/tips-avoiding-your-allergens

- Training Resources for Food Allergies ("Food Allergies" section of the CSDE's Special Diets in School Nutrition Programs webpage): https://portal.ct.gov/sde/nutrition/special-diets-in-school-nutrition-programs/food-allergies#Training

- Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs (CDC): https://www.cdc.gov/school-health-conditions/media/pdfs/20_316712-A_FA_guide_508tag.pdf

For more information, visit the "Food Allergies" section of the CSDE's Special Diets in School Nutrition Programs webpage, and refer to the "Food Allergies" section of the CSDE's *Resource List for Special Diets in the Child Nutrition Programs*.

Food Intolerance or Sensitivity

Food intolerance or sensitivity is an adverse food-induced reaction that does not involve the body's immune system. Examples include lactose intolerance and gluten intolerance. If a state licensed healthcare professional or registered dietitian determines that food intolerance is a disability for a particular child, the SFA must make a reasonable meal modification based on the instructions in the child's medical statement.

Children with food intolerance often experience uncomfortable gastrointestinal symptoms such as gas, diarrhea, and abdominal pain. However, some children may be able to eat small amounts of the food without any symptoms or may be able to eat some related foods, such as yogurt for milk intolerance.

Gluten Sensitivity

Gluten sensitivity (also called gluten intolerance) is a condition with symptoms that are similar to celiac disease but that improve when gluten is eliminated from the diet. Gluten sensitivity is a diagnosis of exclusion that requires ruling out celiac disease and wheat/gluten allergy, followed by a period of dietary gluten exclusion to see if the patient gets better, then a gluten challenge to see how the patient reacts. Individuals diagnosed with gluten sensitivity do not experience the small intestine damage found in celiac disease.

Under the ADA Amendments Act, food intolerance or sensitivity may be a disability if it substantially limits digestion, a bodily function that is a major life activity. A child whose digestion is impaired by gluten sensitivity may be a person with a disability, regardless of whether consuming gluten-containing foods causes the child severe distress. If a state licensed healthcare professional or registered dietitian determines that gluten sensitivity is a disability for a particular child, the SFA must make a reasonable meal modification on the instructions in the child's medical statement.

Celiac Disease

Under the ADA Amendments Act, celiac disease qualifies as a disability because it limits the major life activity of digestion. If a child has celiac disease, the SFA must make a reasonable meal modification based on the medical statement signed by a state licensed healthcare professional or registered dietitian.

Celiac disease is a genetic autoimmune digestive disease that damages the small intestine and interferes with the absorption of nutrients from foods. Individuals with celiac disease cannot tolerate gluten, a protein found in wheat, rye, and barley. The treatment for celiac disease is to

avoid all foods containing gluten, including wheat, rye, barley, and any foods made with these grains.

Many processed foods contain gluten unless they are labeled “gluten-free” or are made with corn, rice, soy, or other gluten-free grains. Foods that are likely to contain gluten include:

- breads and bread products, e.g., pizza crust and muffins;
- pasta and couscous;
- grain-based desserts, such as cookies, cakes, and pies (**note:** grain-based desserts do not credit in the preschool meal patterns);
- breakfast cereals;
- crackers and snacks, e.g., pretzels, snack mix, pita chips, and croutons;
- sweet crackers like animal crackers and graham crackers;
- seasoned snack foods, e.g., potato and tortilla chips;
- processed luncheon meats;
- soups and soup bases; and
- salad dressings and sauces, including soy sauce.

The general guidance below indicates foods to avoid and allow with celiac disease. When making meal modifications for celiac disease, SFAs must make a reasonable meal modification based on the specific guidance in each child’s medical statement signed by a state licensed healthcare professional or registered dietitian.

Examples of foods to avoid with celiac disease

- Barley (malt, malt flavoring, and malt vinegar are usually made from barley)
- Rye
- Triticale (a cross between wheat and rye)
- Wheat
  - Dextrin
  - Durum flour
  - Farina
  - Graham flour
  - Kamut
  - Modified food starch
  - Semolina
  - Spelt
  - Wheat germ
  - What bran
  - Processed foods unless labeled “gluten-free” or made with corn, rice, soy, or other gluten-free grain

Examples of foods to allow with celiac disease

These foods are acceptable if they are not processed or mixed with gluten-containing grains, additives, or preservatives.

- Beans, seeds, and nuts in their natural, unprocessed form
- Fresh eggs
- Fresh meats, fish, and poultry (not breaded, batter-coated, or marinated)
- Fruits and vegetables
- Most dairy products
- Gluten-free grains
  - Amaranth
  - Arrowroot
  - Buckwheat
  - Corn flour and cornmeal
  - Flax
  - Gluten-free flours (rice, soy, corn, potato, bean)
  - Hominy (corn)
  - Millet
  - Oats (must be labeled "gluten-free") **Note:** Pure oats are a gluten-free food, but most commercially processed oats have been contaminated during the growing, harvesting, or processing stages.
  - Quinoa
  - Rice
  - Sorghum
  - Soy
  - Tapioca
  - Teff

The CSDE encourages SFAs to develop a one- or two-week gluten-free cycle menu (refer to "Develop cycle menus for special diets" in this section). Before using the same cycle menu for different children with celiac disease, SFAs should check with each child's parents/guardians to ensure that the modified meals meet their child's specific dietary requirements.

For more information and resources on celiac disease, visit the "Celiac Disease and Intolerance" section of the CSDE's Special Diets in School Nutrition Programs webpage.

Autism

Autism is a disability under the ADA, Section 504, and USDA's nondiscrimination regulations. Autistic children may require a reasonable meal modification if their autism substantially limits a major life activity such as eating.

> Having an autism diagnosis does not automatically qualify a child for meal modifications. Schools and institutions must review each child's situation on a case-by-case basis, since one child's autism diagnosis may not have the same issues as another child's autism diagnosis.

Children with autism might not have a medical dietary condition. However, autism sometimes results in food behaviors and preferences that require specific meal modifications. For example, some children with autism have repetitive and ritualistic behavior patterns and will only eat certain foods. Others may be very sensitive to food textures and will only eat foods with a smooth texture.

Any physical or mental impairment that prevents a child from consuming a meal is a disability. For some autistic children, it is reasonable to view the autism diagnosis as a dietary restriction that is part of their disability. If a state licensed healthcare professional or registered dietitian determines that a dietary restriction is part of a child's autism diagnosis, the SFA must provide a reasonable meal modification based on the child's medical statement (or Section 504 plan or IEP, if applicable). The examples below indicate the requirements for meal modifications for children with autism.

Example of autism aversion

The OVS provision of the NSLP and SBP meal patterns for grades K-12 requires that students must take at least ½ cup of fruits or vegetables for a reimbursable meal (refer to "Offer versus Serve" in this section). An autistic girl has an aversion to fruits and vegetables that causes behavioral issues if school food service staff encourage her to take a fruit or vegetable.

The parent provides a medical statement signed by the child's physician that supports the elimination of the fruits component and vegetables component due to the child's autism. The child's IEP indicates that she is not required to take a fruit or vegetable for a reimbursable meal. In this situation, the SFA must provide the child with meals that do not contain fruits or vegetables, and the SFA may claim reimbursement for these modified meals.

It would be beneficial for the SFA to consult with the child's parent/guardian, or state licensed healthcare professional, to gain a better understanding of the child's autism disability relating to food aversions, and to determine if it is necessary to provide additional calories for the child in the absence of fruits and vegetables. The USDA recommends collecting as much information as possible regarding the child's condition to better meet the child's nutritional needs. This information will also assist the menu planner with making appropriate meal modifications.

Example of autism preference for heated food

An autistic child has a personal food preference for heated food but does not have a specific dietary restriction related to their autism. The parents provide a medical statement signed by a licensed physician indicating that the school food service program should heat the child's food sent from home.

For this example, the SFA is not required to heat the child's food. Heating foods sent from home in a food service establishment is a food safety issue governed by state regulations. The USDA requires that all school nutrition programs must comply with the FDA Food Code. The FDA Food Code requires that all foods served in food service establishments must be from approved sources. Foods provided from a private home have not originated from an approved source. SFAs cannot accept foods from unregulated sources, including foods from home or foods purchased by parents/guardians off school premises. For more information, refer to "Family-provided Foods" in section 4.

However, the LEA (not the school food service program) could be required to provide a microwave and heat a child's food sent in from home. This depends on the specific nature of the child's disability and whether the child requires heated food because of the disability or a personal food preference. LEAs must examine each child's disability and special dietary needs on a case-by-case basis. All-inclusive policies are not appropriate.

LEAs should conduct an individualized review of each child's disability and medical information and consider whether the meal modification is necessary to access education. If the LEA has medical documentation stating that the child's condition is such that he or she cannot eat unless the food is warmed, the LEA (not the school food service program) may be required to make this accommodation. In this case, the FDA Food Code still prohibits the school food service program from accepting foods that are not from approved sources.

Food Preference versus Disability

The federal nondiscrimination laws and the USDA regulations require SFAs to make reasonable modifications to accommodate children whose disability restricts their diet. SFAs will meet this requirement if they provide an appropriate meal modification to accommodate a child's dietary restriction resulting from a disability. SFAs are not required to provide meal modifications based on personal preferences (refer to "Modifications for Food Preferences" in section 3).

- **Example:** A SFA provides a reasonable modification for a diabetic child by offering a five-day cycle menu that includes carbohydrate counts for two daily lunch choices. The child does not like any of the choices and refuses the offered meals due to personal food preferences. The SFA is not required to provide additional alternatives based on the child's personal food preferences because the cycle menu meets the USDA's requirement for a reasonable meal modification.

As a reminder, SFAs are obligated to offer children with disabilities a medically appropriate and reasonable meal modification based on the medical statement signed by a state licensed healthcare professional or registered dietitian. However, SFAs are generally not required to provide the specific modification requested in the medical statement, although the specific modification may often be provided. Additionally, SFAs are generally not required to provide a specific brand of food, unless it is medically necessary. For more information, refer to "Number of Alternate Meals" and "Specific Brands of Food" in this section.

Substitutes for Fluid Milk for Disability Reasons

When a child has a medically documented disability that requires a substitute for fluid milk, the SFA must provide an appropriate substitute based on the child's medical statement signed by a state licensed healthcare professional or registered dietitian. The medical statement for a milk modification for disability reasons must include the two elements below.

1. Information about the child's physical or mental impairment that is sufficient to allow the SFA to understand how it restricts the child's diet.
2. An explanation of what must be done to accommodate the child's disability, i.e., the type of milk to be omitted from the child's diet and the beverage that should be substituted.

If cow's milk causes any digestive problems, the child's condition is a disability under the ADA Amendments Act and requires a substitute. SFAs must provide an appropriate substitute based on the child's medical statement. This could be any beverage that meets the child's specific dietary needs, such as juice, water, or a plant-based fluid milk substitute like soy milk.

Nondairy beverages for disability reasons

Fluid milk substitutes are plant-based beverages like fortified soy milk that are intended to replace cow's milk. If a child has a medically documented disability that requires a nondairy milk substitute, the SFA must provide an appropriate substitute based on the child's medical statement. Fluid milk substitutes for children with disabilities are not required to comply with the USDA's nutrition standards for milk substitutes (refer to table 3-1 in section 3).

Generally, SFAs are not required to provide a specific brand of nondairy milk substitute. In most cases, a generic brand is sufficient. The SFA must work with the parent/guardian to offer a reasonable modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from school nutrition programs.

- **Example:** A child's medical statement lists a specific brand of soy milk. The SFA could check with the parent/guardian to see if it would be safe and appropriate to provide a different brand of soy milk for the child.

When the requested nondairy milk substitute is very expensive or difficult to obtain, it would be reasonable for the SFA to follow up with the child's parent/guardian to see if a different substitute would be safe and appropriate. For more information, refer to "Specific Brands of Food" in this section.

Identifying Students with Special Dietary Needs

LEAs must establish procedures for identifying children with special dietary needs and communicating this information to the school food service staff responsible for planning, preparing, and serving meals and afterschool snacks. School food service staff must be able to identify those students during the meal service whose disability requires modified meals and afterschool snacks.

When determining how to identify students with special dietary needs, the LEA's policies and practices must protect the privacy of children who have a disability and must maintain confidentiality of each child's medical condition. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and FERPA require that LEAs keep medical information confidential, including medical information related to a child's disability.

The FERPA allows the sharing of confidential student information (such as medical statements) between appropriate school staff (such as school health services and school food services) when there is a legitimate educational interest, which includes meal modifications for children whose disability restricts their diet (refer to "Sharing medical statements with food service staff" in this section). However, LEAs cannot make confidential student information available to individuals who do not have a legitimate educational interest.

> The general guideline for identifying students whose disability requires a meal modification is to ensure that the LEA's policies and practices protect students' privacy and maintain confidentiality of each student's medical condition. Federal laws do not allow LEAs to ask students or their parents/guardians to relinquish confidential medical information through outward identification.

Unacceptable practices for identifying students

LEAs cannot implement policies or practices that outwardly identify students whose disability requires a meal modification. Examples of unacceptable practices include posting lists of students' dietary needs in public areas or asking students (or their parents/guardians) to consent to a physical designation, such as wearing a lanyard, bracelet, pin, sticker, or similar item. These types of practices are not allowed because they:

- impinge upon the privacy and confidentiality of a student's disability status and medical information;
- are inconsistent with the LEA's duty to keep students' disability and medical information confidential; and
- provide the potential for stigma for students with disabilities.

If a student, without being asked by the LEA, chooses to self-identify with a physical designation such as a lanyard or similar item (or the parent/guardian requests a physical designation for their child), this is less of a privacy concern and is acceptable because the student (or parent/guardian) is voluntarily engaging in the physical designation. This differs from an unacceptable school policy that routinely uses a physical designation and asks students (or parents/guardians) to agree to use it.

> Under the federal laws that require LEAs to maintain student confidentiality, a student (or parent/guardian) can choose to self-identify, but the LEA cannot outwardly identify the student or ask the student (or parent/guardian) to agree to outward identification.

Acceptable practices for identifying students

LEAs can use several acceptable practices to help school food service staff identify students with disabilities during the meal service, while avoiding outward designation. Computer technology, such as the SFA's point-of-sales (POS) cash register system, is the most common and effective method for ensuring students' confidentiality while allowing cashiers to see each student's dietary restrictions.

POS systems typically include the option for SFAs to provide a note that serves as an alert for cashiers when a student has special dietary requirements. SFAs should work with their POS system representative to implement this option and, if needed, request changes to notify cashiers more effectively about relevant student information for meal modifications.

The cafeteria manager should conduct a daily pre-service meeting to review all menu items. All servers and cashiers must be able to identify any menu items that should be avoided for certain dietary restrictions, such as food allergies, lactose intolerance, and gluten intolerance.

The USDA has identified the acceptable practices below that maintain students' confidentiality by focusing on identifying meals, not students.

- Use other types of computer technology, such as smart phone apps that identify dietary restrictions and link to the POS system or the cafeteria manager's software system.
- Use different colored plates or trays to identify meals that meet specific dietary criteria, e.g., nut-free meals on blue plates and gluten-free meals on red plates.

- Using colored tags or labels, placards, or similar signage near each food item on the serving line to identify each food item's dietary criteria, such as lactose-free, nut-free, and gluten-free.

- Provide regular updates for school food service staff about each student whose disability requires a meal modification and post this information in locations that are only visible to school food service staff, such as in the kitchen and behind counters and serving lines.

- Maintain ongoing communication with parents/guardians, such as parent forums or meetings, to explain school menus, the district's procedures for meal modifications, and how the cafeteria ensures allergen-free meals. For more information, refer to "Communicating with parents/guardians" in section 1.

SFAs that need additional guidance to determine if their practices for identifying students are acceptable should contact the CSDE for assistance.

Appropriate Eating Areas

Federal civil rights legislation, including Section 504 of the Rehabilitation Act of 1973, the IDEA, and Titles II and III of the ADA, requires that in providing nonacademic services, including meals, schools and institutions must ensure that children with disabilities participate along with children without disabilities to the maximum extent appropriate. This allows children to interact with and learn from other children with backgrounds different from their own.

The USDA's nondiscrimination regulations (7 CFR 15b.40 (b)) require that meal services must be provided in the most integrated setting appropriate to the needs of children with disabilities. Exclusion of any child with a disability from the cafeteria is not considered an appropriate or reasonable modification. For example, a child with a disability cannot be excluded from the cafeteria and required to sit in another room during the meal service.

When separate tables are allowed

Under some circumstances it may be appropriate to require children with certain special needs to sit at a separate table. For example, if a child requires significant assistance from an aide to consume their meals, it may be necessary for the child and the aide to have more space during the meal service.

Additionally, SFAs may determine that a separate, more isolated eating area would be best for children with severe food allergies. The separate eating area may be one of the following:

- a designated table in the cafeteria cleaned according to food safety guidelines (to eliminate possible cross-contact of allergens on tables and seating); or
- an area away from the cafeteria, where children can safely consume their meals.

> Schools and institutions cannot segregate children with disabilities from the regular meal service simply as a matter of convenience. In all cases, the decision to feed children with disabilities separately must always be based on what is appropriate to meet the children's needs.

Prior to developing a special seating arrangement, the school or institution should determine, with input from the child's parent/guardian and state licensed healthcare professional or registered dietitian, if this type of seating arrangement would truly be helpful for the child. If the school develops a special seating arrangement, other children should be permitted to join the child, provided they do not bring any foods that would be harmful to the child.

Banning Foods

Universal exclusion of specific foods or food groups is not USDA policy but could be appropriate for an individual LEA depending on local circumstances. However, if the LEA chooses to enact a universal ban, the specific allergen must never be present on school premises, since students and families will assume the school or institution is a safe place based on the stated ban. This includes all programs held on school premises including before, during, and after the school day.

> Bans cannot guarantee a totally safe environment because there is no reasonable or fail-safe way to prevent an allergen from inadvertently entering a building. LEAs that choose to implement a food ban are still responsible for implementing a food allergy management plan for children with life-threatening food allergies, educating all school personnel accordingly, and ensuring that school staff are trained and prepared to prevent and respond to a food allergy emergency.

The CSDE's *Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools* indicates that schoolwide bans of specific foods might not render the school environment safe because there is no method for ensuring that the allergenic food does not inadvertently enter school grounds. Bans can create a false sense of security, which can lead to less responsible approaches to effective management strategies, education, and emergency responses.

Banning foods detracts from the school or institution's responsibility to plan properly for children with life-threatening food allergies and to educate all school personnel accordingly. Bans may also limit the opportunity to teach children with allergies to take care of themselves in environments where they may be exposed to allergens at any time.

Additionally, banning can be problematic in terms of defining the limits. For example, a school that bans peanuts must also consider if it will ban all potential allergens that could affect other children, such as nuts, milk, eggs, tree nuts, fish, shellfish, soy, wheat, sesame, and other foods.

LEAs should consider how to develop a plan that will best meet the needs of all students and prepare them for self-management and advocacy as they transition within and beyond pre-kindergarten through grade 12. School protocols and practices may include:

- establishing allergen-free zones, such as a child's individual classroom;
- establishing allergen-free tables or areas in the cafeteria;
- establishing food-free zones, such as libraries and music rooms; and
- enforcing relevant school policies, such as prohibiting eating on school buses.

LEAs should consider the individual privacy needs and preferences of students and families in determining appropriate plans. Not all students or families will need or want to use an allergen-free zone during the school day. For more information, refer to "Appropriate Eating Areas" and "Identifying Students with Special Dietary Needs" in this section.

3 — Modifications for Non-disability Reasons

SFAs may choose to make optional meal modifications within or outside the school meal patterns on a case-by-case basis for children whose dietary needs do not constitute a disability. Optional modifications for non-disability reasons include requests related to religious or moral convictions, general health concerns, and personal food preferences. An example is a family's preference for gluten-free foods, organic foods, or almond milk because they believe these foods are healthier.

Non-disability Modifications within the USDA Meal Patterns

SFAs may choose to provide meal modifications within the school meal patterns on a case-by-case basis for children whose dietary needs do not constitute a disability. Some examples include meals modified only for texture (e.g., chopped, ground, or pureed foods) and meals that substitute foods from the same meal component, such as a banana for strawberries (fruits component), lactose-free milk for regular milk (milk component), and chicken for pork (MMA component).

Non-disability meal modifications within the school meal patterns must meet all meal pattern requirements for the applicable age or grade group, including the weekly dietary specifications of the NSLP and SBP meal patterns for grades K-12 (refer to "Guidance on the meal patterns" in section 1). The USDA does not require a medical statement for non-disability modified meals and afterschool snacks that meet the meal patterns.

> While a medical statement is not required for non-disability modifications within the meal patterns, SFAs are encouraged to maintain documentation acknowledging the child's meal modification. LEAs may choose to apply stricter guidelines and require that SFAs keep a medical statement on file concerning the child's modifications.

The CSDE recommends obtaining a medical statement for optional modifications to ensure clear communication between parents/guardians and all appropriate school staff regarding the appropriate modifications for the child. This serves as a precaution to ensure safe and appropriate meals for the child, protect the LEA, and minimize misunderstandings.

Non-disability Modifications Outside the USDA Meal Patterns

SFAs may choose to provide meal modifications outside the school meal patterns (i.e., noncreditable foods) on a case-by-case basis for non-disability reasons. Noncreditable foods are foods and beverages that do not contribute to the meal patterns for the school nutrition programs. For more information on noncreditable foods, refer to the CSDE's resource, *Noncreditable Foods in the Meal Patterns for the School Nutrition Programs*.

Non-disability modified meals and afterschool snacks outside the USDA meal patterns require a medical statement signed by a state licensed healthcare professional or registered dietitian. SFAs may use the CSDE's *Medical Statement for Meal Modifications in the School Nutrition Programs* to collect the required information for making meal modifications for non-disability reasons (refer to "Medical Statement Requirements" in section 2).

Optional Fluid Milk Substitutes for Non-disability Reasons

Fluid milk substitutes (nondairy beverages) are plant-based beverages like fortified soy milk that are intended to replace cow's milk. SFAs may choose, but are not required, to offer one or more allowable nondairy beverages to all students.

Fluid milk substitutes for non-disability reasons must meet the USDA's nutrition standards for fluid milk substitutes (refer to table 3-1) and must be fortified in accordance with the Food and Drug Administration's (FDA) fortification guidelines. In addition to the USDA's nutrition standards, fluid milk substitutes offered in public schools must also meet the state beverage requirements for nondairy milk substitutes under C.G.S. Section 10-221q (refer to "Additional State Beverage Requirements for Public Schools" in this section).

Only certain brands of fluid milk substitutes meet these standards. List 17: Dairy Alternative Beverages of the CSDE's List of Acceptable Foods and Beverages webpage identifies commercial nondairy beverage products that meet the USDA's nutrition standards for fluid milk substitutes and the requirements of the state beverage statute. Nondairy beverages that do not meet these requirements cannot be served in reimbursable meals and afterschool snacks unless the child has a medically documented disability that specifically requires this substitution. For more information, refer to the CSDE's resource, *Allowable Fluid Milk Substitutes for Non-Disability Reasons in the School Nutrition Programs*.

USDA's nutrition standards for fluid milk substitutes

SFAs that choose to offer one or more fluid milk substitutes (nondairy beverages) for non-disability reasons must use commercial products that meet the USDA's nutrition standards for fluid milk substitutes defined in 7 CFR 210.10(d)(2)(ii). These nutrition standards ensure that children who require a fluid milk substitute receive the important nutrients found in milk.

Fluid milk substitutes must meet each nutrient standard (nutrients per cup) or the percent daily value (% DV). The manufacturer's nutrition information might list the nutrient values, the unrounded or rounded percent Daily Value (% DV), or both. If any nutrient values are missing, SFAs must obtain this information from the manufacturer.

Table 3-1. USDA's nutrition standards for fluid milk substitutes

Nutrients per cup (8 fluid ounces)	Unrounded % DV [1]	Rounded % DV [2]
Calcium: 276 milligrams (mg)	21.23%	20%
Protein: 8 grams (g)	16%	16%
Vitamin A: 150 micrograms (mcg) retinol activity equivalent (RAE)	16.67%	20%
Vitamin D: 2.5 micrograms (mcg)	12.5%	15%
Magnesium: 24 mg	5.71%	6%
Phosphorus: 222 mg	17.76%	20%
Potassium: 349 mg	7.43%	10%
Riboflavin: 0.44 mg	33.85%	35%
Vitamin B12: 1.1 mcg	45.83%	45%

[1] The unrounded % DV is the minimum nutrients per cup divided by the current daily value for each nutrient (refer to the FDA's *Reference Guide: Daily Values for Nutrients*).

[2] The rounded % DV is based on the FDA labeling laws and is listed on the Nutrition Facts label (refer to Appendix H of the FDA's *A Food Labeling Guide: Guidance for Industry*).

Additional state beverage requirements for fluid milk substitutes in public schools

In addition to meeting the USDA's nutrition standards, fluid milk substitutes in public schools must comply with the state beverage requirements of C.G.S. Section 10-221q. These requirements apply to all fluid milk substitutes available for sale to students in public schools, including reimbursable meals, afterschool snacks, a la carte sales, and the SMP. Fluid milk substitutes cannot contain artificial sweeteners and cannot exceed:

- 4 grams of sugar per ounce,
- 35 percent of calories from fat, and
- 10 percent of calories from saturated fat.

The state beverage statute does not apply to private schools or RCCIs. Lactose-free/reduced milk and fluid milk substitutes in these schools must only meet the USDA requirements.

Identifying acceptable nondairy beverage products

List 17: Dairy Alternative Beverages of the CSDE's List of Acceptable Foods and Beverages webpage identifies commercial nondairy beverage products that meet the USDA's nutrition standards for fluid milk substitutes and the requirements of the state beverage statute. Certain brands of fortified soy milk and oat milk are the only currently available commercial products that meet these requirements.

Almond milk, cashew milk, rice milk, some brands of soy milk, most brands of oat milk, and other nondairy milk products do not meet these requirements and cannot be offered as fluid milk substitutes for non-disability reasons in the school nutrition programs.

> Before purchasing any type of nondairy beverage, SFAs must ensure it complies with the USDA's nutrition standards for fluid milk substitutes (refer to table 3-1).

If a commercial nondairy beverage product is not included on List 17: Dairy Alternative Beverages, the SFA must determine if it meets the USDA's nutrition standards for fluid milk substitutes. The Nutrition Facts label does not usually include all the nutrients needed to identify if a product complies with the USDA's nutrition standards for fluid milk substitutes. If any nutrient information is missing, SFAs must contact the manufacturer to obtain documentation that 1 cup provides the minimum amount of each required nutrient.

For guidance on submitting products to the CSDE for inclusion on the CSDE's List of Acceptable Foods and Beverages webpage, refer to the CSDE's resource, *Submitting Food and Beverage Products for Approval*.

Screening products using the USDA's protein standard

SFAs may use the USDA's protein standard for screening commercial products to determine if they might meet the USDA's nutrition standards for fluid milk substitutes. These standards require at least 8 grams of protein per cup (8 fluid ounces).

- If the product's Nutrition Facts label lists less than 8 grams of protein per cup, the product does not meet the USDA's nutrition standards for fluid milk substitutes.

If the product's Nutrition Facts label lists at least 8 grams of protein per cup, the product might meet the USDA's nutrition standards for fluid milk substitutes. The SFA must obtain additional information from the manufacturer to determine if the product also meets the standards for calcium, vitamin A, vitamin D, magnesium, phosphorus, potassium, riboflavin, and vitamin B12. SFAs are encouraged to submit this information to the CSDE so that new acceptable fluid milk

substitutes can be added to the CSDE's List of Acceptable Foods and Beverages webpage. For guidance on submitting products to the CSDE, refer to the CSDE's resource, *Submitting Food and Beverage Products for Approval*.

For guidance on determining if commercial products credit as fluid milk substitutes, refer to the CSDE's resource, *Identifying Products that Meet the USDA's Nutrition Standards for Fluid Milk Substitutes in the School Nutrition Programs*.

Documentation for requesting fluid milk substitutes for non-disability reasons

With the implementation of the Whole Milk for Healthy Kids Act of 2025, effective January 14, 2026, a written statement is not required to request a fluid milk substitute for non-disability reasons for the NSLP meal patterns for grades K-12.

Milk substitutes for non-disability reasons continue to require a written statement for the SBP and ASP meal patterns for grades K-12; the NSLP, SBP, and ASP preschool meal patterns; and the SMP. This statement must identify the need for the milk substitute and may be submitted by the parent/guardian, a state licensed healthcare professional, or a registered dietitian. Written requests for fluid milk substitutes must be maintained on file with the student's medical records.

SFAs must consider the selling location of nondairy milk substitutes to ensure that meals and afterschool snacks are reimbursable. If nondairy milk substitutes are available in the milk cooler, SFAs must have a process in place (as applicable to the school nutrition program) to determine if the students who select them have a written request on file. Without this request, nondairy milk substitutes do not credit as the milk component in reimbursable meals and afterschool snacks (except for the NSLP meal patterns for grades K-12).

Considerations for Offering Fluid Milk Substitute Products

The considerations below apply to SFAs that choose to offer allowable nondairy milk substitutes to students who do not consume regular cow's milk for non-disability reasons.

Variety of choices

Since nondairy milk substitutes are optional, SFAs may decide how many choices to offer. SFAs may choose to offer only one nondairy milk substitute. If students decide not to take this option, the SFA is not obligated to offer any other nondairy milk substitute.

SFAs that choose to offer one or more allowable nondairy milk substitutes must make them available to all students.

Pricing of reimbursable meals

SFAs cannot charge more for reimbursable meals that contain nondairy milk substitutes (refer to "Meal pricing" in section 1).

Pricing of a la carte sales

SFAs may allow students to purchase allowable nondairy milk substitutes a la carte (separately from reimbursable meals and afterschool snacks). SFAs may charge a higher la carte price for nondairy milk substitutes than regular milk. However, as with all a la carte items, the price charged to students should reflect the actual cost of the item plus an amount determined by the SFA's formula for a la carte pricing. For more information, refer to the CSDE's *Pricing Worksheet for A La Carte Sales in the School Nutrition Programs*.

Meeting the dietary specifications for grades K-12 in the NSLP and SBP

School meals as averaged over the week must meet the calorie ranges and limits for saturated fat, sodium, and beginning July 1, 2027, added sugars. Nondairy milk substitutes offered as part of reimbursable breakfasts and lunches for grades K-12 must fit within the weekly dietary specifications. Contributions from nondairy milk substitutes must be included in the calculations of all weekly dietary specifications, including calories, saturated fat, sodium, and beginning July 1, 2027, added sugars. Nondairy milk substitutes cannot cause the lunch or breakfast menu to exceed the weekly limits.

For information on the dietary specifications, refer to the CSDE's *Guide to the Dietary Specifications for the National School Lunch Program and School Breakfast Program Meal*

Patterns for Grades K-12 and visit the Dietary Specifications section of the CSDE's Meal Patterns for Grades K-12 in School Nutrition Programs webpage.

Offering Lactose-free and Lactose-reduced Milk (Fluid Milk)

Lactose-free milk and lactose reduced milk are processed by adding lactase enzymes to reduce or eliminate the lactose (naturally occurring milk sugar) found in regular milk. Children who cannot digest the lactose found in regular milk may be able to drink lactose-free/reduced milk. The USDA recommends lactose-free/reduced milk as the first choice for children with lactose intolerance.

Lactose -free/reduced milk have the same nutritional content as fluid milk and credit the same as regular milk in the school nutrition programs. School food authorities may choose to offer these types of milk at any meal or afterschool snack. Documentation is not required for students to obtain lactose-free/reduced milk.

The allowable types of lactose-free/reduced milk are the same as the allowable types of fluid milk in the meal patterns for the school nutrition programs. Public schools must also meet the additional state beverage requirements for milk. The state beverage requirements of C.G.S. Section 10-221q require that milk cannot contain artificial sweeteners and cannot exceed 4 grams of sugar per ounce.

For more information on fluid milk, visit "Allowable Types of Milk" in the "Milk" section of the CSDE's Crediting Foods in School Nutrition Programs webpage. For additional guidance on lactose-free/reduced milk, refer to the CSDE's resource, *Offering Lactose-Free and Lactose-Reduced Milk in the School Nutrition Programs*.

Comparison of Allowable Substitutions for Regular Cow's Milk

The table below summarizes the federal and state requirements for optional fluid milk substitutes (nondairy beverages) and lactose-free/reduced milk for non-disability reasons in the school nutrition programs.

Table 3-2. Requirements for fluid milk substitutes (nondairy beverages) and lactose-free/reduced milk

Requirements	Fluid milk substitutes (nondairy beverages)	Lactose-free/reduced milk (fluid milk)
Allowable types (USDA regulations)	Must meet the USDA's nutrition standards for fluid milk substitutes (refer to table 3-1).	Credits the same as regular milk in the meal patterns for the school nutrition programs and must meet the meal pattern requirements for each grade group. • **NSLP, SBP, ASP, and SMP meal patterns for grades K-12:** Whole milk, reduced-fat milk, low-fat milk, and fat-free milk, which may be unflavored or flavored. Flavored milk cannot exceed 10 grams of added sugars per 8 fluid ounces. • **NSLP, SBP, ASP preschool meal patterns and SMP for preschool (ages 1-5):** Unflavored whole milk for age 1, and unflavored whole milk, reduced-fat milk, low-fat milk, and fat-free milk for ages 2-5 For guidance on crediting milk, visit "Allowable Types of Milk" in the "Milk" section of the CSDE's Crediting Foods in School Nutrition Programs webpage.

Requirements	Fluid milk substitutes (nondairy beverages)	Lactose-free/reduced milk (fluid milk)
Public schools only: State nutrition standards (C.G.S. Section 10-221q: beverages)	In addition to meeting the USDA's nutrition standards for fluid milk substitutes, nondairy beverages available for sale to students in public schools cannot contain artificial sweeteners and cannot exceed 4 grams of sugar per ounce, 35 percent of calories from fat, and 10 percent of calories from saturated fat (refer to "Additional state beverage requirements for fluid milk substitutes in public schools" in this section).	In addition to the USDA's requirements for fluid milk, milk available for sale to students in public schools cannot exceed 4 grams of total sugars per ounce and cannot contain artificial sweeteners.
Documentation	**NSLP for grades K-12:** Effective January 14, 2026, a written statement is not required for students requesting a nondairy milk substitute for the NSLP meal patterns for grades K-12**.** **SBP and ASP meal patterns for grades K-12; the NSLP, SBP, and ASP preschool meal patterns; and the SMP:** Written request from the parent/guardian, a state licensed healthcare professional, or a registered dietitian that identifies the reason for the fluid milk substitute. substitute. Maintain on file with the student's medical records (refer to "Storage of medical statements" in section 2).	None required: Lactose-free/reduced milk is fluid milk and credits as the milk component in the school nutrition programs.

Requirements	Fluid milk substitutes (nondairy beverages)	Lactose-free/reduced milk (fluid milk)
Weekly dietary specifications for school meals (apply only to the NSLP and SBP meal patterns for grades K-12)	Contributions of nondairy beverages must be included in the calculations of the dietary specifications for calories, saturated fat, sodium, and beginning July 1, 2027, added sugars (refer to "Nondairy milk substitutes and the dietary specifications" in this document).	The dietary specifications exclude all fluid milk (including lactose-free/reduced milk) from the weekly limit for saturated fat at breakfast and lunch. All other dietary specifications (calories, sodium, and beginning July 1, 2027, added sugars) still apply to the entire reimbursable meal, and the contribution from all types of fluid milk must be included in those calculations (refer to "Fluid milk and the dietary specifications" in this document).
Identifying allowable products	Commercial products that meet the federal and state requirements for nondairy beverages are included in List 17: Dairy Alternative Beverages on the CSDE's List of Acceptable Foods and Beverages webpage. Refer to the CSDE's resource, *Identifying Products that Meet USDA's Nutrition Standards for Fluid Milk Substitutes in the School Nutrition Programs,* to determine if beverages that are not included on List 17 comply with the USDA's nutrition standards for fluid milk substitutes.	Commercial products that meet the federal and state requirements for milk are included in List 16: Milk on the CSDE's List of Acceptable Foods and Beverages webpage.

Beverages Not Allowed for Non-disability Reasons

SFAs cannot substitute any other beverages as modifications to reimbursable meals and afterschool snacks for non-disability reasons. Some examples of beverages that are not allowed include:

- juice;
- water;
- nondairy beverages that do not comply with the USDA's nutrition standards for fluid milk substitutes, such as almond milk, rice milk, cashew milk, some brands of soy milk, and most brands of oat milk;
- nutrition supplement beverages;
- lactase-free/reduced milk that does not meet the required fat content or flavor restrictions for each meal pattern; and
- powdered milk beverages.

> SFAs can never substitute water and juice for milk for non-disability reasons in reimbursable meals and afterschool snacks.

Meals and afterschool snacks that offer these types of beverages in place of milk are not reimbursable unless the child has a medically documented disability that specifically requires this substitution. For information on the requirements for meal modifications for disability reasons, refer to section 2.

Modifications for Religious Reasons

The USDA grants institutions exemptions from the meal patterns when evidence shows that the variations are nutritionally sound and necessary to meet ethnic, religious, economic, or physical needs. The USDA's exemptions for religious reasons include sponsors of Jewish and Seventh-day Adventist institutions.

> The USDA grants religious exemptions for entities (schools, institutions, and sponsors), not individuals. SFAs are not required to make meal modifications for children whose dietary restrictions are based on religion. However, the USDA encourages SFAs to provide a variety of foods that children can select, which helps to accommodate individual food preferences (refer to "Food Preferences" in this section).

Schools and institutions may choose to make modifications for individual students based on religion by substituting different foods within the same meal component. For example, a child who does not eat pork for religious reasons could be served another food from the MMA component (such as chicken or peanut butter) and still be provided with a reimbursable meal.

Jewish sponsors

The USDA's FNS Instruction 783-13 (Rev. 3) summarizes the requirements for variations in meal patterns for Jewish schools, institutions, and sponsors.

Exemption for enrichment and WGR requirements

During the religious observance of Passover, Jewish institutions are exempt from the enrichment and WGR requirements of the USDA's regulations. Jewish institutions may substitute unenriched matzo for WGR or enriched products only during that period. At all other times of the year, matzo served as the grains component must be WGR or enriched.

For guidance on WGR and enriched grains, refer to the CSDE's resources, *Crediting Whole Grains in the School Nutrition Programs*, *Crediting Enriched Grains in the School Nutrition Programs*, and *Guide to Meeting the Whole Grain-rich Requirement for the National School Lunch Program and School Breakfast Program Meal Patterns for Grades K-12*.

Flexibilities for milk component

The USDA also allows flexibilities for Jewish institutions regarding the meal pattern requirement to offer milk with all meals. Jewish institutions may choose from four alternative options. These options apply only to meals containing meat or poultry when children do not have the opportunity to refuse milk or meat/poultry through OVS (refer to "Offer versus Serve" in section 2).

1. Serve an equal amount of an allowable fluid milk substitute that is nutritionally equivalent to fluid milk (refer to "USDA's Nutrition Standards for Fluid Milk Substitutes" in this section).

2. Serve an equal amount of full-strength juice in place of milk with lunch (or supper in the CACFP At-risk Afterschool Program). When substituting juice for milk, juice cannot contribute to the meal pattern requirements for fruits or vegetables.

    - Schools and institutions operating five days per week may substitute juice for milk twice per week for lunches and twice per week for at-risk suppers, but no more than once each day.

    - Schools and institutions operating seven days per week may make three substitutions per week for lunches and three substitutions per week for at-risk suppers, but no more than once each day.

3. Serve milk at an appropriate time before or after the meal service period, in accordance with applicable Jewish Dietary Laws.

4. If applicable, serve the ASP's juice component at breakfast, lunch, or at-risk supper, and serve the corresponding meal's milk component as part of the afterschool snack.

Milk must be offered or served in all other meals according to regulations, since Jewish Dietary Laws allow other meat alternates (such as fish, egg, beans and peas, nuts, seeds, and nut/seed butters) to be consumed with milk at the same meal.

Jewish institutions have the discretion to select one of the four options as an alternative to the standard regulatory meal requirements. For review and audit purposes, institutions electing to use these options must inform the CSDE in writing prior to implementation and must maintain a record of which option they have chosen.

Exemption for dark green vegetable subgroup

Jewish Dietary Laws also pose challenges to serving the dark green vegetable subgroup required in the NSLP (refer to the CSDE's resource, *Vegetable Subgroups in the National School Lunch Program*). Jewish institutions facing this challenge may be exempt from the requirement to serve the dark green vegetable subgroup but must serve the same total amount of vegetables. Vegetables served in place of dark green vegetables must come from the red/orange or beans/peas subgroups. The *Dietary Guidelines for Americans* indicates that the American diet does not include enough of these two subgroups.

Seventh-day Adventist sponsors

Seventh-day Adventist institutions, like all other sponsors of the school nutrition programs, may use alternate protein products (APPs), such as vegetable burgers and other meatless entree items, to meet the requirements for the MMA component. The USDA allows the use of APPs to provide more flexibility in menu planning.

APPs are food ingredients that may be used alone or in combination with meat, poultry, or seafood. They are processed from soy or other vegetable protein sources and may be dehydrated granules, particles, or flakes. Some examples include soy flour, soy concentrate, soy isolate, whey protein concentrate, whey protein isolates, and casein. APPs may be used in the dry (nonhydrated), partially hydrated, or fully hydrated form.

APPs must meet the USDA's requirements specified in appendix A of the NSLP regulations (7 CFR 210) and appendix A of the SBP regulations (7 CFR 220). These regulations specify that APPs may credit for part or all the MMA requirement if they meet the three criteria below.

1. The APP must be processed so that some portion of the non-protein constituents of the food is removed. This refers to the manufacturing process for APP. APP must be safe and suitable edible products produced from plant or animal sources.

2. The biological quality of the protein in the APP must be at least 80 percent of casein (milk protein), determined by performing a Protein Digestibility Corrected Amino Acid Score (PDCAAS). The PDCAAS is a method of evaluating protein quality.

3. The APP contains at least 18 percent protein by weight when fully hydrated or formulated. "When hydrated or formulated" refers to a dry APP and the amount of water, fat, oil, colors, flavors, or any other substances that have been added.

Menu planners cannot determine if an APP product meets these criteria by reading the product's label. The labeling laws of the USDA's Food Safety Inspection Service (FSIS) and FDA require manufacturers to list product ingredients, but percentage labeling is voluntary.

For example, a product may list whey protein concentrate and hydrolyzed soy protein in the ingredients but will not indicate the percentage of these protein ingredients by weight. This means that manufacturers must provide one of the appropriate crediting documents below.

1. The original Child Nutrition (CN) label from the product carton or a photocopy or photograph of the CN label shown attached to the original product carton or a CN label copied with a watermark displaying the product name and CN number provided by the vendor and the bill of lading (invoice). For more information, refer to the CSDE's resource, *Using Child Nutrition (CN) Labels in the School Nutrition Programs*.

2. A product formulation statement (PFS) from the manufacturer with supporting documentation on company letterhead that the APP ingredient meets the USDA's requirements (refer to the USDA's Sample APP Documentation). For additional guidance, visit the USDA's Alternate Protein Products webpage and refer to the CSDE's resources, *Requirements for Alternate Protein Products in the School Nutrition Programs* and *Using Product Formulation Statements in the School Nutrition Programs*.

The manufacturer's documentation should include information on the percent protein contained in the dry alternate protein product and in the prepared product. For an APP product mix, manufacturers should provide information on the amount by weight of dry APP in the package, hydration instructions, and instructions on how to combine the mix with meat or other meat alternates.

Without appropriate documentation, APPs cannot credit in the school nutrition programs. For more information on crediting APPs, refer to the CSDE's resource, *Requirements for Alternate Protein Products in the School Nutrition Programs*, and the USDA's *Questions and Answers on Alternate Protein Products*. For additional guidance on documentation for commercial products, visit the CSDE's Crediting Documentation for the Child Nutrition Programs webpage.

Modifications for Vegetarians

Vegetarianism is a personal food preference. Except for Seventh-day Adventist sponsors, the USDA regulations do not require SFAs to make meal modifications for vegetarians. Meals and afterschool snacks served to vegetarian children must meet the USDA's meal patterns for the school nutrition programs, unless the child has a medical statement signed by a state licensed healthcare professional or registered dietitian.

SFAs can generally accommodate the preferences of vegetarian children by offering multiple lunch choices and implementing OVS for grades K-12. OVS allows students to decline a specific number of meal components at lunch and a specific number of food items breakfast, except for at least ½ cup of fruits or vegetables (refer to "Offer versus Serve" in section 2). SFAs that choose to implement OVS can provide significantly more flexibility in meeting students' dietary preferences.

SFAs may offer a variety of vegetarian choices each week, such as macaroni and cheese, red beans and rice, cheese pizza, vegetable bean soup, chili, grilled cheese sandwiches, cheese lasagna, bean tacos, and bean burritos. SFAs may also incorporate a variety of vegetable-based entree products in school menus, such as tofu, tempeh, and meatless entrees like vegetable burgers that meet the USDA's APP criteria (refer to the CSDE's resource, *Requirements for Alternate Protein Products in the School Nutrition Programs*).

If the lunch menu includes only one entree choice, SFAs may choose to offer a vegetarian alternative that includes a different food from the MMA component. For example, SFAs could offer a peanut butter sandwich as a substitute for chicken nuggets.

Modifications for Food Preferences

The USDA regulations for school nutrition programs do not require SFAs to make meal modifications based on the food choices or personal preferences of a family or child. Personal food preferences are not a disability and do not require meal modifications (refer to "Food Preference versus Disability" in section 2). Some examples of personal food preferences are listed below.

- A parent prefers that her child eats a gluten-free diet because she believes it is healthier.
- A family eats organic foods at home and wants their children to eat organic foods at school.
- A student prefers rice milk because he does not like the taste of cow's milk.
- A student does not like lasagna and prefers to eat macaroni and cheese.

However, Section 7 CFR 210.10(m)(2) of the NSLP regulations indicates that SFAs should consider children's dietary preferences when planning and preparing meals and afterschool snacks. Within individual program cost constraints and logistics (such as food service production capabilities), the CSDE encourages SFAs to:

- offer a variety of menu options that children can select, which helps to accommodate individual food preferences;
- implement OVS for grades K-12, which allows students to select the foods they want to eat (refer to "Offer versus Serve" in section 2); and
- work with parents/guardians to identify additional menu options that children can eat.

SFAs may choose to accommodate children's personal food preferences on a case-by-case basis, i.e., specific to the dietary needs of each child. Meal modifications for personal food preferences must comply with the school meal patterns unless they are supported by a medical statement signed by a state licensed healthcare professional or registered dietitian (refer to "Modifications Outside the USDA Meal Patterns" in this section).

> Providing multiple meal choices and implementing OVS provides more flexibility in accommodating students' personal food preferences.

4 — Policies and Procedures

LEAs must comply with the applicable federal and state laws for developing and implementing written policies and procedures for meal modifications in the school nutrition programs. The USDA regulations require LEAs to develop and implement a written procedural safeguards process. State law requires public schools to develop and implement a written plan for managing students with life-threatening food allergies. The CSDE recommends that LEAs develop a written policy and SOPs for meal modifications in the school nutrition programs.

Procedural Safeguards

Under the Individual with Disabilities Education Act (IDEA), procedural safeguards protect the rights of parents and their child with a disability and provide families and school systems with processes to resolve disputes. In addition, the USDA requires that LEAs include procedural safeguards for meal modifications to accommodate a child's disability in the school nutrition programs. These requirements are part of the USDA's nondiscrimination regulations and civil rights protections.

The procedural safeguards process for the school nutrition programs requires that LEAs must establish a process for procedural safeguards that provides notice and information to parents/guardians regarding how to request a reasonable modification and their procedural rights for grievance procedures. SFAs must work with their LEA's Section 504 Coordinator to ensure that the LEA's procedural safeguards process includes these provisions required by the USDA's nondiscrimination regulations.

LEA's responsibility for procedural safeguards for meal modifications

The USDA nondiscrimination regulations (7 CFR 15b.25) require LEAs to establish a procedural safeguards process that notice and information to parents/guardians regarding how to request a reasonable meal modification for children whose disability restrict their diet and their procedural rights for grievance procedures (7 CFR 15b.6(b)). These grievance procedures include the right for parents/guardians to:

- file a grievance if they believe a violation has occurred regarding the request for a reasonable modification;
- receive a prompt and equitable resolution of the grievance;
- request and participate in an impartial hearing to resolve their grievances;
- be represented by counsel at the hearing;
- examine the record; and

- receive notice of the final decision and a procedure for review, i.e., right to appeal the hearing's decision.

LEAs may meet these requirements by using existing procedures that address requests to accommodate students with disabilities in the classroom, in compliance with Section 504 or the IDEA.

Minimum requirements

The LEA must notify parents/guardians of the process for requesting meal modifications to accommodate a child's disability and arrange for an impartial hearing process to resolve grievances related to requests for meal modifications based on a disability. The hearing process must include the opportunity for the child's parent/guardian to participate, be represented by counsel, and examine the record. It must also include notice of the final decision and a procedure for review.

Requirements for LEAs employing at least 15 individuals

LEAs employing at least 15 individuals must ensure their procedural safeguards process provides for a prompt and equitable resolution of grievances and must designate at least one person to coordinate compliance with disability requirements. This individual is often referred to as the Section 504 Coordinator. In many cases, the Section 504 Coordinator is responsible for addressing accommodation requests for the school in general and may also be responsible for ensuring compliance with disability requirements related to meals and the meal service.

LEAs are not required to have a separate 504 Coordinator who is only responsible for meal modifications. However, LEAs should ensure that school food service staff understand the procedures for handling requests for meal modifications and know how to contact the Section 504 Coordinator.

For a summary of the procedural safeguards requirements, refer to the CSDE's resource, *Requirements for Procedural Safeguards for Meal Modifications in the School Nutrition Programs*.

Food Allergy Management Plan

Section 10-212c of the Connecticut General Statutes requires that public schools develop and implement a plan to manage students with life-threatening food allergies. The statute also specifies that schools base this plan on the CSDE's *Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools* and include the development of an IHCP for every student with life-threatening food allergies, regardless of the child's age.

SFAs in public schools should be familiar with their district's food allergy management plan and implement procedures that are consistent with that plan. School health services and food services should collaborate on the implementation of each student's food allergy management plan.

Recommended Policy for Meal Modifications

The CDSE strongly encourages LEAs to develop a written policy addressing meal modifications in the school nutrition programs. This policy should be integrated with the LEA's procedural safeguards process and food allergy management plan and be developed in collaboration with school health services and administrators.

Importance of policy

A written policy ensures a comprehensive approach to meeting the federal and state laws for meal modifications and is essential for addressing the specific dietary needs of all students. The policy serves a variety of important functions.

- **Provides clear guidelines:** Written policy serves as a comprehensive reference for students, families, and school staff. It outlines expectations, procedures, and standards, ensuring that everyone understands their roles and responsibilities. This clarity helps to minimize misunderstandings and conflicts by providing a transparent framework for operational procedures.

- **Ensures consistent practices:** Consistency is crucial to effectively implement meal modifications. Written policy standardizes practices across different schools and among various staff members within the district. This uniformity ensures that all students receive equitable access to meal modifications according to federal and state laws and the LEA's local procedures.

- **Documents compliance:** Policy is essential for demonstrating adherence to federal and state laws. Written documentation helps ensure that schools comply with the legal requirements for meal modifications and adhere to best practices, such as developing

cycle menus for common special diets and implementing acceptable methods for identifying students during the meal service who require meal modifications.

- **Educates families:** Clear policy informs families about the process for submitting a meal modification request, the LEA's procedural safeguards, and the SFA's procedures for implementing meal modifications. Providing a written document fosters transparency and builds trust and collaboration between schools and families.

- **Evaluates process and staff:** Written policy offers a benchmark for assessing the meal modifications process and staff performance. It outlines procedures that LEAs can use to identify areas for improvement, audit compliance, ensure accountability, and support professional development of staff.

A written policy is essential for providing structure, consistency, and clarity for everyone involved. This better enables LEAs to meet their legal responsibilities for meal modifications for disability reasons in the school nutrition programs.

Policy's role in communicating meal modifications

A written policy serves as an important communication tool to notify the school community (including school administrators, school staff, and families) of the availability of meal modifications and explain the applicable requirements and procedures. Key procedures to communicate include:

- the LEA's process for families to request meal modifications, including how to complete and submit the medical statement (refer to "Medical Statement Requirements" in section 2);

- the LEA's procedural safeguards process for children with a disability (refer to "Procedural Safeguards" in this section);

- the documentation requirements for meal modifications and the LEA's procedure for ensuring children's dietary information is up to date (refer to "Updating medical statements" in section 2);

- the LEA's SOPs for meal modifications, e.g., preparing foods for different types of special diets, and cleaning and handwashing procedures to prevent cross-contact of food allergens (refer to "Preventing cross-contact" in section 2);

- how the LEA handles requests for optional modifications for non-disability reasons;

- communication procedures among school personnel (such as the school nurse and school food service staff) and between schools and parents/guardians to ensure awareness of each child's dietary needs and specific accommodations (refer to "Communicating with parents/guardians" in section 1 and "Promote communication and teamwork" in section 2); and

- the LEA's monitoring process to ensure that meal modifications are appropriate and meet each child's individual dietary needs.

The LEA's policy may communicate other procedures depending on local needs.

Standard Operating Procedures (SOPs)

SOPs are detailed explanations of how to implement a policy through specific practices or tasks. They standardize the process and provide step-by-step instructions that enable everyone to perform the task in a consistent manner. This ensures that all staff follow the same procedures each time.

Examples of SOP topics for meal modifications

The CSDE encourages LEAs to tailor SOPs for meal modifications to their specific needs. Some examples of potential SOP topics include:

- preparing foods for different types of special diets, such as texture modifications, food allergies, celiac disease, and diabetes;

- reviewing menus, reading food labels, and making nutrition information available to students, families, school nurses, and others as needed (refer to "Nutrition Information" in section 2);

- cleaning to prevent cross-contact of possible allergens (refer to "Preventing cross-contact" in section 2 and the ICN's *Sample SOP: Serving Safe Food to Students with Food Allergies*);

- handwashing to prevent cross-contact of possible food allergens (refer to "Use proper handwashing" in section 2 and the ICN's *Sample SOP: Serving Safe Food to Students with Food Allergies* and *Sample SOP: Washing Hands*);

- ensuring that school food service staff, school nurses, and other appropriate school staff regularly communicate and collaborate to plan and implement meal modifications for disability reasons (refer to "Team approach" in section 1);

- obtaining consultation services (such as a registered dietitian) as needed, to plan meals and afterschool snacks for disability reasons; and
- training for school food service staff, substitutes, and other school staff involved with planning, preparing, and serving school meals and afterschool snacks (refer to "Staff Training" in this section).

The LEA's SOPs should ensure a comprehensive approach to effectively meet the needs of all students.

SOP resources

The CSDE's *Sample Standard Operating Procedure (SOP) for Meal Modifications in the School Nutrition Programs* provides an example of a general SOP for meal modifications. The resources below provide some additional SOP examples.

- Preparation of Foods with Potential to Cause Allergic Reaction: Standard Operating Procedure (Wisconsin Department of Public Instruction): https://dpi.wi.gov/sites/default/files/imce/school-nutrition/doc/sop_allg.doc
- Standard Operating Procedures (SOPs) (CSDE's Special Diets in School Nutrition Programs webpage). https://portal.ct.gov/sde/nutrition/special-diets-in-school-nutrition-programs/policy-for-meal-modifications#SOPs
- Standard Operating Procedures (SOP): Serving Safe Food to Students with Food Allergies (Institute of Child Nutrition): https://theicn.org/resources/181/food-safety-standard-operating-procedures/105719/serving-safe-food-to-students-with-food-allergies-3.docx
- Standard Operating Procedures (SOPs): Handling a Food Recall (Institute of Child Nutrition): https://theicn.org/resources/181/food-safety-standard-operating-procedures/105684/handling-a-food-recall.docx
- Standard Operating Procedures (SOPs): Washing Hands (Institute of Child Nutrition): https://theicn.org/resources/181/food-safety-standard-operating-procedures/105741/washing-hands.docx

For more information on SOPs, visit the Institute of Child Nutrition's Standard Operating Procedures webpage.

Strategies for Policy Development

The strategies below provide guidance to assist LEAs with developing a policy and SOPs for meal modifications in the school nutrition programs. Priority areas include assessing current operations, developing SOPs, providing professional development for staff, ensuring consistent communication, and monitoring implementation. By following these strategies, LEAs can ensure a comprehensive approach to meal modifications that effectively meets the needs of all students.

Step 1 – Conduct a self-assessment

Conduct a self-assessment of the LEA's current policies, practices, and procedures for meal modifications. The CSDE's *Self-assessment of Local Practices for Meal Modifications in the School Nutrition Programs* can assist LEAs with this process.

- **Review current policies:** Review existing meal modification policies and practices to identify strengths and weaknesses.
- **Evaluate procedures:** Assess current procedures for accommodating students' special dietary needs, including 1) how the LEA notifies students, parents/guardians, and staff about the procedures for meal modification requests; 2) how the SFA responds to meal modification requests and prepares modified meals; and 3) how the LEA documents compliance with the federal and state laws.
- **Gather feedback:** Collect input from students, parents/guardians, food service staff, health service staff, and other appropriate individuals regarding the LEA's policies, practices, and procedures for meal modifications.
- **Analyze compliance:** Ensure current practices meet all federal and state regulatory requirements.

Step 2 – Identify essential practices and determine SOP needs

Identify the essential practices to implement in school food services and school health services and determine where SOPs are necessary.

- **Meal planning:** Procedures for designing menus that accommodate various dietary restrictions (refer to "Develop cycle menus for specific diets" in section 2).
- **Food preparation:** Guidelines for preparing meals to prevent cross-contact (refer to "Preventing cross-contact" and "Use proper handwashing" in section 2) and meet each student's dietary needs.

- **Documentation:** A medical statement, Section 504 plan, or IEP to indicate the required meal modification for each student based on their specific dietary needs (refer to "Medical Statement Requirements" and "Medical information in IEP or 504 plan" in section 2).

- **Communication:** Systems for informing staff and families about dietary modifications and the LEA's policies and procedures (refer to "Communicating with parents/guardians" and "Communicating with school food service staff" in section 1 and "Procedural Safeguards" in this section).

Step 3 – Identify personnel and resources

Identify the personnel and resources needed for planning, developing, implementing, and evaluating the LEA's policy and SOPs for meal modifications.

- **Personnel:** Examples include registered dietitians for expertise in dietary needs and meal planning; food service managers who oversee meal preparation for modified meals; school nurses who manage student health records and dietary restrictions; administrative staff for policy development and compliance; and parents/guardians for providing input on their children's dietary needs and preferences.

- **Resources:** Examples include educational materials such as guides and resources on dietary needs and meal modifications; software for tracking students' dietary needs and meal plans; funding for special foods, resources, and training programs; and kitchen equipment and supplies.

Step 4 – Develop an action plan

Develop an action plan to address the practices needing attention, as identified in the LEA's self-assessment. The CSDE's *Action Planning Form* and sample action plans can assist with this process (refer to the CSDE's *Sample Action Plan: Developing District Policy for Meal Modifications in the School Nutrition Programs* and *Sample Action Plan: Promoting District Policy for Meal Modifications in the School Nutrition Programs*).

- **Prioritize practices:** Start with the most critical practices identified in the LEA's self-assessment. These are the practices that ensure safe meals for students whose disability requires meal modifications and that ensure the LEA's regulatory compliance.

- **Set objectives:** Define clear, measurable goals for each practice that needs improvement.

- **Identify resources:** Identify the resources need to accomplish each objective (refer to "Step 3 – Identify personnel and resources" in this section).
- **Assign responsibilities:** Designate team members to lead each aspect of the action plan (refer to "Step 3 – Identify personnel and resources" in this section).
- **Establish timelines:** Set deadlines for implementing changes and conducting evaluations.
- **Monitor progress:** Regularly review progress and adjust as needed.

Step 5 – Develop SOPs

Develop applicable SOPs by writing down the actual steps taken when performing the specific task.

- **Detailed steps:** Clearly outline the steps for each task, including responsibilities and procedures. For resources on developing SOPs, refer to "SOP Resources" in this section.
- **Customization:** When using sample SOPs from organizations or other schools, tailor the information to the LEA's specific local needs and resources. For example, adapt sample SOPs to include the specific district staff involved in meal modifications and address the school's specific logistics, such as kitchen setup, food preparation procedures (e.g., available workstations and equipment), and meal service procedures, e.g., using a POS cash register system to identify students with special dietary needs (refer to "Identifying Students with Special Dietary Needs" in section 2).
- **Documentation:** Ensure all SOPs are documented, accessible, and updated regularly. Best practice is posting SOPs on the LEA's website.

Step 6 – Identify training needs and professional development

Identify the training needs of school staff and appropriate professional development.

- **Assess training requirements**: Determine what knowledge and skills staff need to effectively implement meal modifications.
- **Develop training programs:** Create or source training materials on relevant topics such as menu planning for specific dietary needs, management of food allergies, and food safety (refer to "Staff Training" in this section).

- **Provide training:** Provide annual and ongoing training for school food service staff, school health services personnel, and other relevant school staff, as appropriate

- **Evaluate training effectiveness:** Gather feedback and assess the impact of training on staff performance and policy adherence.

Step 7 – Identify effective communication strategies

Identify effective communication strategies between the school food service director, school food service staff, nurse supervisor, nurses, teachers, students, parents/guardians, school staff, and administrators to ensure that everyone is aware of the LEA's policy and SOPs for meal modifications.

- **Communication channels**: Establish clear channels for communication among all food service staff and school health services and between the school and parents/guardians, including email updates, meetings, and newsletters. Include meal modification policy and SOPs on the LEA's website and in parent/guardian and student handbooks. Provide links to medical statements and meal modification guidance on menu backs, in parent/guardian handouts and newsletters, and at school events for parents/guardians, such as a back-to-school open house.

- **Regular updates:** Provide regular updates about policy changes and meal modifications to students, parents/guardians, and school staff. For example, LEAs should inform families, health services staff, and school food service staff that effective July 1, 2025, registered dietitians are one of the two authorized signers for medical statements (refer to "Updated Meal Pattern Legislation" in section 1).

- **Feedback mechanisms:** Create systems for receiving and addressing feedback from students, parents/guardians, and staff regarding the process for meal modifications.

- **Incorporate into SOPs:** Include communication strategies in the SOPs and train staff on how to implement them.

Step 8 – Implement monitoring procedures

Implement monitoring procedures to ensure that the LEA's meal modifications are reasonable, appropriate, and meet each child's specific dietary needs. Monitoring procedures should also ensure that all staff consistently follow the LEA's policy and SOPs for meal modifications. Review the LEA's policy and SOPs for meal modifications at least annually, and make changes as needed.

- **Develop monitoring protocols:** Create procedures for regularly reviewing the effectiveness of the meal modification process and its adherence to the LEA's policy and SOPs, and federal and state regulations.
- **Conduct audits:** Perform periodic audits to ensure compliance with SOPs and regulatory requirements.
- **Review and adjust**: Use monitoring results to make necessary adjustments to policy and SOPs.
- **Document findings:** Keep detailed records of monitoring activities, including any issues identified and corrective actions taken.

For resources and guidance on policy development, visit the "Policy for Meal Modifications" section of the CSDE's Special Diets in School Nutrition Programs webpage.

Staff Training

School food service staff are better prepared to provide nutritious and safe meals for children when they receive appropriate training in relevant topics, such as nutrition, meal pattern requirements, food preparation techniques, meal modifications, and food safety. Training helps employees understand their responsibilities and be successful in their jobs. Motivation is increased when employees understand program goals and the tasks required to achieve those goals. Training also instills a sense of positive self-esteem through improved professional competency.

> SFAs must provide appropriate job-specific training for all employees whose responsibilities include duties related to the operation of the school nutrition programs. For example, school food service staff who modify meals need appropriate training to ensure they perform their jobs effectively and in compliance with the USDA's regulations.

The CSDE strongly recommends that SFAs include regular training on meal modifications.

Training on meal modifications

Link to training resources on special diets are available in the "Guidance and Resources" section of the CSDE's Special Diets in School Nutrition Programs webpage. For meal pattern training resources, visit the CSDE's Meal Pattern Training for School Nutrition Programs webpage and "Preschool Meal Pattern Training" section of the CSDE's Meal Patterns for Preschoolers in School Nutrition Programs webpage.

Training on food allergies

Appropriate training is especially critical for the effective management of life-threatening food allergies. School food service staff require training on how to read food labels and identify potential allergens in processed foods. They also need to know how to avoid cross-contact with potential allergens during food preparation, service, and cleaning. All school staff need training on how to identify the symptoms of an allergic reaction and how to respond in an emergency.

For training resources on food allergies, visit the "Training" section of the CSDE's Special Diets in School Nutrition Programs webpage. For more information and resources on food allergies, refer to "Food Allergies" in section 2.

Required annual civil rights training

The USDA requires annual civil rights training for all staff interacting with applicants or participants of the school nutrition programs. The USDA's civil rights requirements address meal modifications for students with disabilities. SFAs should use the CSDE's PowerPoint presentation, *Civil Rights: Your Responsibilities in the School Nutrition Programs*, to provide civil rights training. This presentation is available under "School Nutrition Programs" on the CSDE's Civil Rights for Child Nutrition Programs webpage.

Professional standards tracking for food service staff

SFAs must log all staff training on the SFA's annual professional standards tracking log. SFAs may use the CSDE's *Professional Standards Tracker Log* for this purpose. For more information on professional standards, refer to the USDA's *Guide to Professional Standards for School Nutrition Programs* and visit the CSDE's Professional Standards for School Nutrition Professionals webpage.

5 — Resources

This section includes links to federal and state regulations, policy memoranda, websites, and the CSDE's guides, resource lists, forms, and handouts. All forms and handouts for meal modifications are available on the CSDE's Special Diets in School Nutrition Programs webpage.

Child Nutrition Programs

Afterschool Snack Program (CSDE webpage):
https://portal.ct.gov/sde/nutrition/afterschool-snack-program

CACFP At-risk Afterschool Care Centers (CSDE webpage):
https://portal.ct.gov/sde/nutrition/cacfp-at-risk-afterschool-care-centers

Child Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/child-nutrition-programs

Civil Rights for Child Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/civil-rights-for-child-nutrition-programs

Food and Nutrition Administration (FNA) Documents & Resources (USDA):
https://www.fna.usda.gov/resources

Fresh Fruit and Vegetable Program (FFVP) (CSDE webpage)
https://portal.ct.gov/sde/nutrition/fresh-fruit-and-vegetable-program

Laws and Regulations for Child Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/laws-and-regulations-for-child-nutrition-programs

Manuals and Guides for Child Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/manuals-and-guides-for-child-nutrition-programs

Menu Planning for Child Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/menu-planning

National School Lunch Program (CSDE webpage):
https://portal.ct.gov/sde/nutrition/national-school-lunch-program

Operational Memoranda for School Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/operational-memoranda-for-school-nutrition-programs

Program Guidance for School Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/program-guidance-school-nutrition-programs

Resources for Child Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/resources-for-child-nutrition-programs

School Breakfast Program (CSDE webpage):
https://portal.ct.gov/sde/nutrition/school-breakfast-program

School Lunch Tray and Table Talk (CSDE webpage):
https://portal.ct.gov/sde/nutrition/school-lunch-tray-and-table-talk

School Wellness Policies (CSDE webpage):
https://portal.ct.gov/sde/nutrition/school-wellness-policies

Seamless Summer Option (SSO) of the NSLP (CSDE webpage):
https://portal.ct.gov/sde/nutrition/seamless-summer-option-sso-of-the-nslp

Special Milk Program (SMP) (CSDE webpage):
https://portal.ct.gov/sde/nutrition/special-milk-program

Training for Child Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/training-for-child-nutrition-programs

Connecticut Statutes

Connecticut General Statutes Section 10-212c: Life-threatening food allergies and glycogen storage disease: Guidelines; district plans:
https://www.cga.ct.gov/current/pub/chap_169.htm#sec_10-212c

Connecticut General Statutes Section 10-221q: Sale of Beverages:
https://www.cga.ct.gov/current/pub/chap_170.htm#sec_10-221q

Food Safety

Food Code (FDA):
https://www.fda.gov/food/retail-food-protection/fda-food-code

Food Protection Program (Connecticut Department of Public Health):
https://portal.ct.gov/dph/food-protection-program/main-page

Food Safety for Child Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/food-safety-for-child-nutrition-programs

Meal Modifications

Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals (USDA):
https://www.fna.usda.gov/cn/2017-edition-accommodating-children-disabilities-school-meal-programs

Allowable Fluid Milk Substitutes for Non-disability Reasons in the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/milk_substitutes_snp.pdf

Guidance for Special Diets (CSDE's Special Diets in School Nutrition Programs webpage):
https://portal.ct.gov/sde/nutrition/special-diets-in-school-nutrition-programs/guidance-for-special-diets

Guidelines for Feeding and Swallowing Programs in Schools (CSDE):
https://portal.ct.gov/-/media/sde/special-education/feeding_and_swallowing.pdf

Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools (CSDE):
https://portal.ct.gov/sde/publications/managing-life-threatening-food-allergies-in-connecticut-schools

Identifying Products that Meet the USDA's Nutrition Standards for Fluid Milk Substitutes in the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/identify_allowable_nondairy_milk_substitutes_snp.pdf

Milk Substitutes (CSDE's Special Diets in School Nutrition Programs webpage):
https://portal.ct.gov/sde/nutrition/special-diets-in-school-nutrition-programs/milk-substitutes

Offering Lactose-Free and Lactose-Reduced Milk in the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/lactose_free_reduced_ milk_snp.pdf

Overview of the Requirements for Meal Modifications in the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/overview_meal_modifications_snp.pdf

Requirements for Procedural Safeguards for Meal Modifications in the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/procedural_safeguards_snp.pdf

Special Diets in School Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/special-diets-in-school-nutrition-programs

Summary Charts of the Requirements for Meal Modifications in the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/summary_chart_meal_modifications_snp.pdf

Meal Patterns and Crediting

Afterschool Snack Program Handbook (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/asp/asp_handbook.pdf

Beverage Requirements (CSDE):
https://portal.ct.gov/sde/nutrition/beverage-requirements

Crediting Documentation for the Child Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/crediting-documentation-for-the-child-nutrition-programs

Crediting Foods in School Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/crediting-foods-in-school-nutrition-programs

Crediting Guide for the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/mpg/guide_crediting_snp.pdf

Guide to the National School Lunch Program and School Breakfast Program Meal Patterns for Grades K-12 (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/mpg/guide_meal_patterns_nslp_sbp_k12.pdf

Guide to the Preschool Meal Patterns for the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/preschool/guide_preschool_meal_patterns.pdf

Meal Pattern and Crediting Resources for the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/crediting/resources_school_meal_patterns_snp.pdf

Meal Pattern Changes (CSDE's Meal Patterns for Grades K-12 in School Nutrition Programs webpage):
https://portal.ct.gov/sde/nutrition/meal-patterns-school-nutrition-programs#Meal_Pattern_Changes

Meal Patterns for Grades K-12 in School Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/meal-patterns-school-nutrition-programs

Meal Patterns for Preschoolers in School Nutrition Programs (CSDE webpage):
https://portal.ct.gov/sde/nutrition/meal-patterns-preschoolers-in-school-nutrition-programs

Menu Planning (CSDE's Meal Patterns for Preschoolers in School Nutrition Programs webpage):
https://portal.ct.gov/sde/nutrition/meal-patterns-preschoolers-in-school-nutrition-programs#MenuPlanningPreschoolers

Menu Planning Guidance for School Meals for Grades K-12 (CSDE webpage):
https://portal.ct.gov/sde/nutrition/menu-planning-guidance-for-school-meals

Noncreditable Foods in the Meal Patterns for the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/crediting/noncreditable_foods_snp.pdf

Nutrition Standards for School Meals (USDA webpage):
https://www.fna.usda.gov/schoolmeals/nutrition-standards

Offer versus Serve Guide for School Meals (CSDE):
https://portal.ct.gov/sde/nutrition//-/media/sde/nutrition/nslp/ovs/ovs_guide_snp.pdf

Preschool Meal Pattern Training for the School Nutrition Programs (CSDE):
https://portal.ct.gov/sde/nutrition/meal-patterns-preschoolers-in-school-nutrition-programs/preschool-meal-pattern-training

What's in a Meal: Meal Patterns for Grades K-12 in the School Nutrition Programs (CSDE's Meal Pattern Training for School Nutrition Programs webpage):
https://portal.ct.gov/sde/nutrition/meal-pattern-training-materials

Medical Statements

Instructions for the Medical Statement for Meal Modifications in the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/medical_statement_snp_instructions.pdf

Instructions for the Medical Statement for Meal Modifications in the School Nutrition Programs (Spanish): Instrucciones: Declaración médica para la modificación de alimentos en los programas de nutrición escolar (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/medical_statement_snp_instructions_ spanish.pdf

Medical Statement for Meal Modifications in the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/medical_statement_snp.pdf

Medical Statement for Meal Modifications in the School Nutrition Programs (Spanish): Declaración médica para la modificación de alimentos en los programas de nutrición escolar (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/medical_statement_snp_spanish.pdf

Medical Statements (CSDE's Special Diets in School Nutrition Programs webpage):
https://portal.ct.gov/sde/nutrition/special-diets-in-school-nutrition-programs/medical-statements

USDA Memo SP 01-2026: Whole Milk for Healthy Kids Act of 2025 – Implementation Requirements for the National School Lunch Program:
https://www.fna.usda.gov/nslp/wmfhka-implementation

Nondiscrimination Legislation

Americans with Disabilities Act (ADA) Amendments Act of 2008 (P.L. 110-325):
https://www.ada.gov/pubs/ada.htm

Americans with Disabilities Act (ADA) Amendments Act of 2008 Final Rule: Amendment of Americans with Disabilities Act Title II and Title III Regulations to Implement ADA Amendments Act of 2008 (28 CFR Parts 35 and 36):
https://www.ada.gov/regs2016/adaaa.html

Americans with Disabilities Act (ADA) Final Rule: Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities (28 CFR Part 36) (Implementing regulation for Title III of the Americans with Disabilities Act (ADA)):
https://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.pdf

Americans with Disabilities Act (ADA):
https://www.ada.gov/

Americans with Disabilities Act (ADA): The Americans with Disabilities Act of 1990 and Revised ADA Regulations Implementing Title II and Title III (U.S. Department of Justice website):
https://www.ada.gov/2010_regs.htm

Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (Public Law 110-325):
https://www.ada.gov/pubs/ada.htm

Civil Rights (U.S. Department of Health & Human Services, Office for Civil Rights):
https://www.hhs.gov/civil-rights/for-individuals/disability/index.html

Code of Federal Regulations 7CFR15b.3 Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving Federal Financial Assistance (USDA):
https://www.gpo.gov/fdsys/pkg/CFR-2003-title7-vol1/xml/CFR-2003-title7-vol1-sec15b-3.xml

CSDE Circular Letter C-9: Section 504 of the Rehabilitation Act of 1975: Procedural Safeguards:
https://portal.ct.gov/-/media/SDE/Circular-Letters/circ00-01/c9.pdf

Family Educational Rights and Privacy Act (FERPA) (U.S. Department of Education):
https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

Health Insurance Portability and Accountability Act of 1996 (HIPAA) (U.S. Department of Health and Human Services):
https://www.hhs.gov/hipaa/index.html

Individuals with Disabilities Education Act (U.S. Department of Education):
https://sites.ed.gov/idea/

Know the Rights That Protect Individuals with Disabilities from Discrimination (U.S. Department of Health & Human Services Office for Civil Rights):
https://www.hhs.gov/sites/default/files/knowyourrights504adafactsheet.pdf

Section 504 of the Rehabilitation Act of 1973:
https://www.hhs.gov/sites/default/files/knowyourrights504adafactsheet.pdf

U.S. Department of Education Office of Special Education Programs:
https://www2.ed.gov/about/offices/list/osers/osep/index.html

USDA Nondiscrimination Regulations (7 CFR 15b): Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance):
https://www.gpo.gov/fdsys/granule/CFR-2010-title7-vol1/CFR-2010-title7-vol1-part15b

Your Rights Under Section 504 of the Rehabilitation Act (U.S. Department of Health & Human Services, Office for Civil Rights):
https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf

Nutrition Information

Carbohydrate Counting for School Nutrition Programs (Institute of Child Nutrition):
https://theicn.docebosaas.com/learn/course/internal/view/elearning/22/CarbohydrateCountingforSNPs

Food Labels (CSDE's Nutrition Education webpage):
https://portal.ct.gov/sde/nutrition/nutrition-education#FoodLabels

How to Read a Food Label (FARE webpage):
https://www.foodallergy.org/resources/how-read-food-label

Nutrition Information (CSDE's Crediting Documentation for the Child Nutrition Programs webpage):
https://portal.ct.gov/sde/nutrition/crediting-documentation-for-the-child-nutrition-programs/nutrition-information

USDA Foods Database (USDA webpage):
https://www.fna.usda.gov/usda-fis/usda-foods-database

Policy Development

Action Planning Form (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/action_planning_form.docx

Policy for Meal Modifications (CSDE's Special Diets in School Nutrition Programs webpage):
https://portal.ct.gov/sde/nutrition/special-diets-in-school-nutrition-programs/policy-for-meal-modifications

Requirements for Procedural Safeguards for Meal Modifications in the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/procedural_safeguards_snp.pdf

Sample Action Plan: Developing District Policy for Meal Modifications in the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/action_policy_meal_ modifications_snp.pdf

Sample Action Plan: Promoting District Policy for Meal Modifications in the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/action_promote_meal_ modifications_snp.pdf

Sample Standard Operating Procedure (SOP) for Meal Modifications in the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/sample_sop_meal_ modifications_ snp.docx

Self-assessment of Local Practices for Meal Modifications in the School Nutrition Programs (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/assessment_meal_ modifications_snp.pdf

School Nursing

Guidelines for Cumulative Health Records Guidelines (CSDE):
https://portal.ct.gov/-/media/sde/school-nursing/publications/chr_guidelines.pdf

School Nursing (CSDE webpage):
https://portal.ct.gov/sde/school-nursing/school-nursing

USDA Regulations and Policy

FNS Instruction 783-13, Revision 3: Variations in Meal Requirements for Religious Reasons: Jewish Schools, Institutions and Sponsors (USDA):
https://www.fna.usda.gov/cn/variations-in-meal-requirements-for-religious-reasons

NSLP regulations 7 CFR 210.10(d)(2): Fluid milk substitutes for non-disability reasons:
https://www.ecfr.gov/current/title-7/part-210#p-210.10(d)(2)

NSLP regulations 7 CFR 210.10(m)(1): Modifications for disability reasons:
https://www.ecfr.gov/current/title-7/part-210#p-210.10(m)(1)

NSLP regulations 7 CFR 210.10(m)(2): Variations for non-disability reason (USDA):
https://www.ecfr.gov/current/title-7/part-210#p-210.10(m)(2)

SBP regulations 7 CFR 220.8(m): Modifications and variations in reimbursable meals:
https://www.ecfr.gov/current/title-7/part-220#p-220.8(m)

USDA Final Rule: Child Nutrition Programs: Meal Patterns Consistent with the 2020-2025 Dietary Guidelines for Americans (89 FR 31962):
https://www.fna.usda.gov/cn/fr-042524

USDA Final Rule: Expanding Fluid Milk Options in Child Nutrition Programs (91 FR 25073):
https://www.fna.usda.gov/cn/fr-050826

USDA Memo SP 01-2025: Fluid Milk Requirements for School Meals:
https://www.fna.usda.gov/cn/fluid-milk-requirements-schools

USDA Memo SP 05-2022: Meal Requirements Under the NSLP & SBP: Q&A for Program Operators Updated to Support the Transitional Standards Effective July 1, 2022:
https://www.fna.usda.gov/cn/sp052022-questions-answers-program-operators

USDA Memo SP 26-2017: Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As):
https://www.fna.usda.gov/cn/accommodating-disabilities-school-meal-programs-guidance-qas

USDA Memo SP 59-2016: Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs:
https://www.fna.usda.gov/cr/cacfp/modifications-accomodate-disabilities

Glossary

a la carte sales: Foods and beverages that are sold separately from reimbursable meals and afterschool snacks in the USDA's school nutrition programs. A la carte items include, but are not limited to, foods and beverages sold in the cafeteria serving lines, a la carte lines, kiosks, vending machines, school stores, and snack bars located anywhere on school grounds.

added sugars: Sugars and syrups added to foods in processing or preparation, as opposed to the naturally occurring sugars found in foods like fruits, vegetables, grains, and dairy products. Names for added sugars include brown sugar, corn sweetener, corn syrup, dextrose, fructose, fruit juice concentrates, glucose, high-fructose corn syrup, honey, invert sugar, lactose, malt syrup, maltose, molasses, raw sugar, sucrose, sugar, and syrup.

Administrative Review (AR): The state agency's comprehensive offsite and onsite evaluation of all SFAs participating in the NSLP and SBP. The review cycle is every three years for each SFA and includes a review of critical and general areas. For more information, visit the CSDE's Administrative Review for School Nutrition Programs webpage.

advanced practice registered nurse (APRN): An individual who performs advanced level nursing practice activities that, by virtue of post-basic specialized education and experience, are appropriate to and may be performed by this profession. The APRN performs acts of diagnosis and treatment of alterations in health status and collaborates with a physician (licensed to practice medicine in Connecticut) to prescribe, dispense, and administer medical therapeutics and corrective measures. For more information, refer to Section 20-87a of the Connecticut General Statutes.

Afterschool Snack Program (ASP): The USDA's federally assisted snack program implemented through the National School Lunch Program (NSLP). The ASP provides cash reimbursement to help schools serve snacks to children in afterschool activities aimed at promoting the health and well-being of children and youth. Schools must provide children with regularly scheduled activities in an organized, structured, and supervised environment that includes educational or enrichment activities, e.g., mentoring/tutoring programs. Programs must meet state or local licensing requirements and health and safety standards. For more information, visit the CSDE's Afterschool Snack Program webpage.

afterschool snacks: Reimbursable snacks offered in the Afterschool Snack Program (ASP). For refer to "Afterschool Snack Program" in this section.

alcohols (polyols): A type of carbohydrate used as sugar substitutes to sweeten foods and beverages. Sugar alcohols are incompletely absorbed and metabolized by the body and contribute fewer calories than most sugars. They also perform other functions such as adding bulk and texture to foods. Common sugar alcohols include sorbitol, mannitol, xylitol, maltitol, maltitol syrup, lactitol, erythritol, isomalt, and hydrogenated starch hydrolysates (HSH). Products with sugar alcohols are often labeled "sugar free." Large amounts of sugar alcohols may cause bloating, gas, or diarrhea. For more information, refer to "nonnutritive sweeteners" in this section.

allergen: A usually harmless substance that can trigger a person's immune response and cause an allergic reaction. Allergens that cause food allergies are proteins in foods.

allergic reaction: The hypersensitive response of an allergic individual's immune system to an allergen. Symptoms can affect different parts of the body, can occur alone or in combination, and can range from mild to severe or life-threatening. For more information, refer to FARE's Recognizing and Treating Reaction Symptoms webpage.

alternate protein products (APPs): Food ingredients processed from soy or other vegetable protein sources (e.g., dehydrated granules, particles, or flakes) that may be used alone or in combination with meat, poultry, or seafood. Some examples include soy flours, soy concentrates, soy isolates, whey protein concentrate, whey protein isolates, and casein. The USDA has specific requirements for the crediting of APPs in Child Nutrition Programs. For more information, refer to the CSDE's resource, *Requirements for Alternate Protein Products in the School Nutrition Programs*.

anaphylaxis: A sudden, severe allergic reaction occurring in allergic individuals after exposure to an allergen such as food, an insect sting or latex. Anaphylaxis involves various areas of the body simultaneously or causes difficulty breathing and swelling of the throat and tongue. In extreme cases, anaphylaxis can cause death.

artificial sweeteners: A category of nonnutritive sweeteners used as sugar substitutes to sweeten foods and beverages. The six artificial sweeteners approved by the FDA include acesulfame potassium (Ace-K) (e.g., Sweet One®, Sunett ®, and Sweet & Safe®); advantame; aspartame (e.g., Nutrasweet®, Equal®, and Sugar Twin®; neotame (e.g., Newtame®); saccharin (e.g., Sweet and Low®, Sweet Twin®, and Necta Sweet); and sucralose (Splenda®). These nonnutritive sweeteners are calorie-free except for aspartame, which is very low in calories. For more information, refer to "nonnutritive sweeteners" in this section.

body mass index: A number calculated from a child's weight and height that is a reliable indicator of body fat for most children and teens. For children ages 2 through 19, the BMI number is plotted on the Centers for Disease Control and Prevention's (CDC) BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. BMI ranges for children and teens are defined so that they account for normal differences in body fat between boys and girls and differences in body fat at various ages. For more information, visit the CDC's BMI Frequently Asked Questions webpage.

calories: The measurement of energy provided by foods and beverages.

carbohydrates: A category of nutrients that includes sugars (simple carbohydrates) and starch and fiber (complex carbohydrates). Carbohydrates are easily converted by the body to energy (calories). Foods that provide carbohydrates (fruits, vegetables, breads, cereals, grains, milk, and dairy products) are important sources of many nutrients. However, foods containing large amounts of added sugars provide calories but few, if any, nutrients. For more information, refer to "added sugars" and "simple carbohydrates" in this section.

celiac disease: An autoimmune digestive disease that damages the small intestine and interferes with absorption of nutrients from food. People who have celiac disease cannot tolerate gluten, a protein in wheat, rye, and barley. For more information, refer to "Celiac Disease" in section 2 and visit the National Digestive Diseases Information Clearinghouse website.

Child Nutrition (CN) label: A statement that clearly identifies the contribution of a food product toward the meal pattern requirements, based on the USDA's evaluation of the product's formulation. Products eligible for CN labels include main dish entrees that provide at least ½ oz eq of the MMA component, e.g., beef patties, cheese or meat pizzas, meat or cheese and bean burritos, egg rolls, and breaded fish portions. CN labels usually indicate the contribution of other meal components (such as vegetables, grains, and fruits) that are part of these products. For more information, refer to the CSDE's resource, *Using Child Nutrition (CN) Labels in the School Nutrition Programs*, and visit the "Child Nutrition Labels" section of the CSDE's Crediting Documentation for the Child Nutrition Programs webpage.

Child Nutrition Programs: The USDA's federally funded programs that provide nutritious meals and snacks to children, including the National School Lunch Program (NSLP), School Breakfast Program (SBP), Afterschool Snack Program, Seamless Summer Option (SSO) of the NSLP, Special Milk Program (SMP), Summer Food Service Program (SFSP), Fresh Fruit and Vegetable Program (FFVP) and Child and Adult Care Food Program (CACFP). The CACFP also provides nutritious meals and snacks to the frail elderly in adult day care centers. For more information, visit the CSDE's Child Nutrition Programs webpage.

competitive foods: Any foods and beverages sold to students anytime on school premises other than meals served through the USDA's school meal programs. Competitive food sales include, but are not limited to, cafeteria a la carte sales, vending machines, school stores, and fundraisers. For more information, refer to "a la carte sales" in this section and visit the CSDE's Competitive Foods in Schools webpage.

creditable food: A food or beverage that counts toward the meal pattern requirements for reimbursable meals and afterschool snacks in the USDA's Child Nutrition Programs. For information on crediting foods, visit the CSDE's Crediting Foods in School Nutrition Programs webpage.

cross-contact: The transfer of allergen-containing ingredients to allergy-free food by hands, food-contact surfaces, sponges, cloth towels, or utensils.

Cumulative Health Record (CHR): The official student health record in Connecticut schools. The CHR is recognized as a formal part of an educational record and must be maintained as such. It provides a systematic way to organize the collection of student health information. For more information, refer to the CSDE's *Guidelines for Cumulative Health Records Guidelines*.

cycle menu: A series of menus planned for a specific period, with a different menu for each day. Cycle menus can help schools comply with the meal pattern requirements, control food cost, control inventory, improve staff efficiency, and save time and labor costs. For more information, refer to the CSDE's *Guide to Required Menu Records for the National School Lunch Program and School Breakfast Program Meal Patterns for Grades K-12*.

dietary specifications: The USDA's nutrition standards for the NSLP and SBP meal patterns for grades K-12, that include weekly calorie ranges and limits for saturated fat and sodium. For information on the dietary specifications, visit the CSDE's "Dietary Specifications" section of the CSDE's Meal Patterns for Grades K-12 in School Nutrition Programs webpage. For guidance on meeting the dietary specifications, refer to the CSDE's *Guide to the Dietary Specifications for the National School Lunch Program and School Breakfast Program Meal Patterns for Grades K-12*, and visit the "Dietary Specifications" section of the CSDE's Meal Patterns for Grades K-12 in School Nutrition Programs webpage.

> Effective with school year 2026-27 (beginning July 1, 2027), the USDA final rule, *Child Nutrition Programs: Meal Patterns Consistent with the 2020-2025 Dietary Guidelines for Americans*, requires a new weekly dietary specification for added sugars (less than 10 percent of calories). For more information, visit the "Upcoming Meal Pattern Changes" section of the CSDE's Meal Patterns for Grades K-12 in School Nutrition Programs webpage.

dietitian: Refer to "registered dietitian" in this section.

disability: A condition in which a person 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. For more information, refer to "Definition of Disability" in section 2.

Emergency Care Plan (ECP): A written plan that provides specific directions about what to do in a medical emergency such as an accidental exposure to the allergen or safety emergency such as a fire drill or lockdown. The ECP is often part of the IHCP. This written plan helps the school nurse, school personnel, and emergency responders react to an emergency in a prompt, safe, and individualized manner. For more information, refer to the CSDE's *Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools*.

Family Educational Rights and Privacy Act (FERPA): A federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA allows schools to disclose student records without consent to school officials with legitimate educational interest, such as making meal modifications for special dietary needs. For more information, visit the FERPA website.

fluid milk substitutes: Plant-based beverages like fortified soy milk that are intended to replace cow's milk. CACFP facilities may choose to offer allowable fluid milk substitutes to participants who do not consume milk due to non-disability reasons. Fluid milk substitutes must meet the USDA's nutrition standards for fluid milk substitutes. Only certain brands of fluid milk substitutes meet these standards. For more information, refer to the CSDE's resources, *Allowable Fluid Milk Substitutes for Non-Disability Reasons in the School Nutrition Programs* and *Identifying Products that Meet the USDA's Nutrition Standards for Fluid Milk Substitutes in the School Nutrition Programs*, and visit the "Milk Substitutes for Non-disability Reasons" section of the CSDE's Special Diets in School Nutrition Programs webpage.

Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA): A federal law governing how allergens are represented on packaged foods sold in the U.S. It requires that food labels indicate allergens in plain language. This law covers the eight major food allergens that cause most allergic reactions in the U.S., including milk, eggs, peanuts, tree nuts, wheat, soy, fish, and crustacean shellfish.

Food Allergy Safety, Treatment, Education and Research (FASTER) Act of 2021: A federal law that added sesame to the list of food allergens that must be labeled on packaged foods, effective January 1, 2023.

food allergy: An exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful. The body's reaction to the allergy-causing food can affect the respiratory system, gastrointestinal tract, skin, and cardiovascular system. In some people, a food allergy can cause severe symptoms or even a life-threatening reaction known as anaphylaxis. For more information, refer to "allergen" and "anaphylaxis" in this section.

food intolerance: An adverse food-induced reaction that does not involve the body's immune system, e.g., lactose intolerance and gluten intolerance. For more information, refer to "lactose intolerance" and "gluten sensitivity" in this section.

food item: A specific food offered within the meal components that comprise reimbursable meals in the USDA's school nutrition programs. A food item may contain one or more meal components or more than one serving of a single component. For example, an entree could provide 1 ounce equivalent of the grains component and 1 ounce equivalent of the MMA component, and a 2-ounce whole grain or enriched bagel could provide 2 ounce equivalents of the grains component.

fortification: Adding nutrients (usually vitamins or minerals) that were not originally present in a food or beverage, or adding nutrients at levels that are higher than originally present. Fortification is used for naturally nutrient-rich products based on scientifically documented health needs (such as fortifying milk with vitamin D to increase the body's absorption of calcium), or to enhance the perceived nutritional value of products with little or no natural nutritional value, e.g., fortifying "energy" bars made from processed flour with multiple vitamins and minerals. Fortification nutrients are added to products in varying amounts, from small percentages up to amounts greater than recommended intakes.

fruits component: The meal component of the USDA meal patterns that includes fruits (fresh, frozen, canned, and dried) and pasteurized full-strength juice. For more information, visit the "Fruits" section of the CSDE's Crediting Foods in School Nutrition Programs webpage.

gluten sensitivity: A condition with symptoms that are similar to celiac disease but that improve when gluten is eliminated from the diet. Individuals diagnosed with gluten sensitivity do not experience the small intestine damage found in celiac disease. Gluten sensitivity is a diagnosis of exclusion that requires ruling out celiac disease and wheat/gluten allergy, followed by a period of dietary gluten exclusion to see if the patient gets better, then a gluten challenge to see how the patient reacts. For more information, refer to "Gluten Sensitivity" in section 2 and visit the Celiac Disease Foundation website.

grains component: The meal component of the USDA meal patterns that includes cereal grains and products made from their flours. Creditable grain foods include products and recipes that are WGR or enriched. Creditable cooked and ready-to-eat (RTE) breakfast cereals include products that are WGR, enriched, or fortified. For more information, visit the "Grains" section of the CSDE's Crediting Foods in School Nutrition Programs webpage.

has a record of such impairment: Has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities. For more information, refer to "Definition of Disability" in section 2.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): A federal law that protects personal health information. The HIPAA Privacy Rule provides federal protections for personal health information (electronic, written, and oral) held by covered entities and gives patients an array of rights with respect to that information. It also permits the disclosure of personal health information needed for patient care and other important purposes. The Security Rule protects health information in electronic form. It requires entities covered by HIPAA to ensure that electronic protected health information is secure. For more information, visit the U.S. Department of Health and Human Services website.

Individualized Education Program (IEP): A written statement for a child with a disability that is developed, reviewed, and revised in accordance with the Individuals with Disabilities Education Act (IDEA) and its implementing regulations. The IEP is the foundation of the student's educational program. It contains the program of special education and related services to be provided to the child with a disability covered by the IDEA.

Individualized Health Care Plan (IHCP): A written document developed for children with special health care needs or whose health needs require daily intervention. The IHCP describes how to meet an individual child's daily health and safety needs in the school setting.

Individuals with Disabilities Education Act (IDEA): A federal law ensuring services to children with disabilities that governs how states and public agencies provide early intervention, special education, and related services to eligible infants, toddlers, children, and youth with disabilities. The IDEA provides financial assistance to states in the provision of special education and related services for eligible children. For more information, visit the IDEA website.

is regarded as having an impairment: 1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; 2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments; or 3) has none of the impairments defined in "physical and mental impairment" but is treated by a recipient as having such an impairment. For more information, refer to "Definition of Disability" in section 2.

lactose intolerance: A reaction to a food that does not involve the immune system. Lactose-intolerant people lack an enzyme needed to digest milk sugar (lactose). When that person eats milk products, symptoms such as gas, bloating, and abdominal pain may occur.

lactose: The naturally occurring sugar found in milk. Lactose contains glucose and galactose. For more information, refer to "simple carbohydrates (sugars) in this section.

lactose-free milk: A type of fluid milk that is processed to remove the lactose (naturally occurring sugar) found in regular milk. Lactose-free milk typically has the same nutritional benefits as regular milk, including calcium, protein, and vitamins. Like other types of fluid milk, lactose-free milk comes in a variety of flavors and fat contents. For more information, refer to the CSDE's resource, *Offering Lactose-Free and Lactose-Reduced Milk in the School Nutrition Programs*.

lactose-reduced milk: A type of fluid milk that is processed to remove some of the lactose (naturally occurring sugar). Lactose-reduced milk typically has the same nutritional benefits as regular milk, including calcium, protein, and vitamins. Like other types of fluid milk, lactose-reduced milk comes in a variety of flavors and fat contents. For more information, refer to the CSDE's resource, *Offering Lactose-Free and Lactose-Reduced Milk in the School Nutrition Programs*.

licensed physician: A doctor of medicine (MD) or osteopathy (DO).

local educational agency (LEA): A public board of education or other public or private nonprofit authority legally constituted within a state for either administrative control or direction of, or to perform a service function for, public or private nonprofit elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a state, or for a combination of school districts or counties that is recognized in a state as an administrative agency for its public or private nonprofit elementary schools or secondary schools. The term also includes any other public or private nonprofit institution or agency having administrative control and direction of a public or private nonprofit elementary school or secondary school, including residential child care institutions, Bureau of Indian Affairs schools, and educational service agencies and consortia of those agencies, as well as the state educational agency in a state or territory in which the state educational agency is the sole educational agency for all public or private nonprofit schools.

major life activities: These 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 the 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. For more information, refer to "Definition of Disability" in section 2.

meal components: The five food groups that comprise reimbursable meals in the NSLP (milk, fruits, vegetables, grains, and MMA) and the three food groups that comprise reimbursable breakfasts in the SBP (grains/MMA, fruits with optional vegetable substitutions, and milk). For more information on the meal components, visit the CSDE's Crediting Foods in School Nutrition Programs webpage.

meal patterns for school nutrition programs: The required meal components and minimum servings that schools and institutions participating in the school nutrition programs must provide to receive federal reimbursement for meals and afterschool snacks served to children. For more information, visit the CSDE's Meal Patterns for Grades K-12 in School Nutrition Programs webpage, Meal Patterns for Preschoolers in School Nutrition Programs webpage, and "ASP Meal Pattern for Grades K-12" section of the CSDE's Afterschool Snack Program webpage.

meat alternates: Foods that provide a similar protein content to meat. Meat alternates include alternate protein products, cheese, eggs, cooked dry beans and peas, nuts and seeds and their butters (except for acorn, chestnut, and coconut), yogurt, soy yogurt, commercial tofu containing at least 5 grams of protein in a ¼-cup (2.2 ounces) serving, surimi, and tempeh. For more information, visit the "Meats and Meat Alternates Component" section of the CSDE's Crediting Foods in School Nutrition Programs webpage.

meats/meat alternates (MMA) component: The meal component of the USDA meal patterns that includes meats (e.g., beef, poultry, and fish) and meat alternates, such as eggs, cheese, yogurt, beans, peas, and lentils, nuts, and seeds. For more information, visit the "Meats and Meat Alternates Component" section of the CSDE's Crediting Foods in School Nutrition Programs webpage.

medical statement: A document signed by a state-licensed healthcare professional or registered dietitian that identifies the specific medical conditions and appropriate meal modifications for a participant with special dietary needs due to disability or non-disability reasons. The USDA requires that medical statements for disability reasons must include: 1) information about the child's physical or mental impairment that is sufficient to allow the adult day care center to understand how it restricts the child's diet; 2) an explanation of what must be done to accommodate the child's disability; and 3) if appropriate, the food or foods to be omitted and recommended alternatives. For more information, refer to "Medical Statement Requirements" in section 2.

menu item: Any planned main dish, vegetable, fruit, bread, grain, or milk that is part of the reimbursable meal. Menu items consist of food items. For more information, refer to "food item" in this section.

milk component: The meal component of the USDA meal patterns that includes pasteurized fluid milk that meets federal and state regulations. The milk component also includes fluid milk substitutes that meet the USDA's nutrition standards for fluid milk substitutes. For more information, refer to "fluid milk substitutes" and "nutrition standards for fluid milk substitutes" in this section, and visit the "Milk" section of the CSDE's Crediting Foods in School Nutrition Programs webpage.

mitigating measures: Interventions like medications, prosthetic devices, assistive devices, or learned behavioral or adaptive neurological modifications that an individual may use to eliminate or reduce the effects of an impairment. These measures cannot be considered when determining whether a person has a substantially limiting impairment under Section 504 or the ADA Amendments Act.

National School Lunch Program (NSLP): The USDA's federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. The NSLP provides nutritionally balanced, low-cost, or free lunches to children each school day. The NSLP was established under the National School Lunch Act, signed by President Harry Truman in 1946. For more information, visit the CSDE's National School Lunch Program webpage.

noncreditable foods: Foods and beverages that do not contribute toward the meal patterns for the USDA's Child Nutrition Programs. Noncreditable foods and beverages are either in amounts too small to credit (i.e., foods and beverages that do not provide the minimum creditable amount of a meal component) or they do not fit into one of the meal pattern components. For more information, refer to the CSDE's resource, *Noncreditable Foods in the Meal Patterns for the School Nutrition Programs*.

nonnutritive sweeteners: Ingredients without calories that are hundreds of times sweeter than sugars and that are used as sugar substitutes to sweeten foods and beverages. Nonnutritive sweeteners include the six FDA-approved artificial sweeteners (acesulfame potassium (Ace-K), advantame, aspartame, neotame, saccharin, and sucralose) and three plant-based sweeteners (stevia, monk fruit, and thaumatin) that are Generally Recognized as Safe (GRAS) by the FDA. For guidance on the FDA approved nonnutritive sweeteners, refer to the FDA's Aspartame and Other Sweeteners in Food webpage.

nutrient-dense foods: Foods and beverages that provide vitamins, minerals, and other substances that contribute to adequate nutrient intakes or may have positive health effects, with little or no solid fats and added sugars, refined starches, and sodium. Ideally, these foods and beverages are also in forms that retain naturally occurring components, such as dietary fiber. Examples include all vegetables, fruits, whole grains, seafood, eggs, beans, and peas, unsalted nuts and seeds, fat-free and low-fat dairy products, and lean meats and poultry (when prepared with little or no added solid fats, sugars, refined starches, and sodium). The term "nutrient dense" indicates the nutrients and other beneficial substances in a food have not been "diluted" by the addition of calories from added solid fats, sugars, or refined starches, or by the solid fats naturally present in the food.

nutrient-rich foods: Refer to "nutrient-dense foods" in this section.

nutrition standards for fluid milk substitutes: The nutrition requirements for plant-based beverages (such as soy milk) used as fluid milk substitutes in the USDA Child Nutrition Programs. The USDA requires that any fluid milk substitutes are nutritionally equivalent to cow's milk and meet the following nutrients per cup (8 fluid ounces): 276 milligrams (mg) of calcium; 8 grams (g) of protein; 150 micrograms (mcg) retinol activity equivalents (RAE) of vitamin A; 2.5 mcg of vitamin D; 24 mg of magnesium; 222 mg of phosphorus; 349 mg of potassium; 0.44 mg of riboflavin; and 1.1 micrograms (mcg) of vitamin B-12. For more information, refer to the CSDE's resource, *Allowable Fluid Milk Substitutes for Non-Disability Reasons in the School Nutrition Programs*.

nutritionist: There is no accepted national definition for the title "nutritionist." All registered dietitians are nutritionists, but not all nutritionists are registered dietitians. Some state licensure boards have enacted legislation that regulates use of the title "nutritionist" and sets specific qualifications for holding the title. The definition is variable from state to state. Section 20-206n of the Connecticut General Statutes defines a licensed dietitian/nutritionist certification for registered dietitians. Other professionals can also apply if they have successfully passed a written examination prescribed by the Commissioner of Public Health and have a master's degree or doctoral degree from an institution of higher education accredited by a regional accrediting agency recognized by the U.S. Department of Education, with a major course of study which focused primarily on human nutrition or dietetics. For more information on state licensing requirements, visit the Connecticut State Department of Public Health's Dietitian/Nutritionist Certification webpage.

nutritive sweeteners: Sugars and sweeteners that contain calories and are used to sweeten foods and beverages. Examples include brown rice syrup, brown sugar, corn sweetener, corn syrup, corn syrup solids, dextrin, dextrose, fructose, fruit juice concentrate, glucose, high-fructose corn syrup, honey, invert sugar, lactose, malt syrup, maltose, molasses, maple syrup, nectars (e.g., peach nectar, pear nectar), raw sugar, sorghum syrup, sucrose, and syrup. For more information, refer to "added sugars" and "simple carbohydrates (sugars)" in this section.

obese (children): A body mass index (BMI) at or above the 95th percentile for children of the same age and sex. For more information, refer to "body mass index" in this section and visit the CDC's Defining Childhood Obesity webpage.

offer versus serve (OVS): A provision that applies to menu planning and the determination of reimbursable meals for grades K-12 in the NSLP and SBP. OVS allows students to decline a certain number of meal components or food items in the meal. SFAs must offer the required meal components to each student. For the NSLP, students must select at least ½ cup of fruits or vegetables and the full serving of at least two other meal components. For the SBP, students must select at least three food items including at least ½ cup of fruit (or vegetable substitutions, if offered). OVS must be implemented in senior high schools for lunch but is optional for breakfast. OVS is optional for breakfast and lunch in junior high, middle, and elementary schools. OVS does not apply to the SMP or ASP, or to preschool meals in the NSLP and SBP. For more information, refer to the CSDE's *Offer versus Serve Guide for School Meals* and visit the CSDE's OVS webpage.

overweight (children): A body mass index (BMI) at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex. For more information, refer to "body mass index" in this section and visit the CDC's Defining Childhood Obesity webpage.

phenylketonuria: A rare genetic disorder in which an individual lacks an enzyme to break down the amino acid phenylalanine, which is present in protein foods. Without the enzyme, levels of phenylalanine build up in the body. This can harm the central nervous system and cause brain damage.

physical or mental impairment: 1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or 2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. 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; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism. For more information, refer to "Definition of Disability" in section 2.

Planning and Placement Team (PPT): A group of certified or licensed professionals who represent each of the teaching, administrative and pupil personnel staffs, and who participate equally in the decision-making process to 1) determine the specific educational needs of a child eligible for special education; and 2) develop an individualized educational program (IEP) for the child. These are people knowledgeable in the areas necessary to determine and review the appropriate educational program for a child eligible for special education.

preschool meal patterns: The required meal components and minimum servings that SFAs participating in the NSLP, SBP, and ASP must provide to receive federal reimbursement for meals served to children ages 1-5. For more information, visit the CSDE's Meal Patterns for Preschoolers in School Nutrition Programs webpage.

product formulation statement (PFS): An information statement obtained from the manufacturer that provides specific information about how a product credits toward the USDA's meal pattern requirements, and documents how this information is obtained citing Child Nutrition Program resources or regulations. All creditable ingredients in this statement must match a description in the USDA's *Food Buying Guide for Child Nutrition Programs*. The PFS must be prepared on company letterhead with the signature of a company official and the date of issue. Unlike a CN label, a PFS does not provide any warranty against audit claims. SFAs must check the manufacturer's crediting information for accuracy prior to including the product in reimbursable meals. For more information, refer to the CSDE's resources, *Using Product Formulation Statements in the School Nutrition Programs* and *Accepting Processed Product Documentation in the School Nutrition Programs*, and visit the "Product Formulation Statements" section of the CSDE's Crediting Documentation for the Child Nutrition Programs webpage.

reasonable modification: A change or alteration in policies, practices, and/or procedures to accommodate a disability that ensures children with disabilities have equal opportunity to participate in or benefit from a program. A request for a reasonable modification must be related to a child's disabling condition and must be in writing on a medical statement signed by a state licensed healthcare professional or registered dietitian, or if applicable, in the child's IEP or Section 504 plan.

registered dietitian (RD) or registered dietitian nutritionist (RDN): An individual who meets the following requirements: 1) completed a minimum of a graduate degree at a U.S. regionally accredited university or college and course work accredited by the Accreditation Council for Education in Nutrition and Dietetics of the Academy of Nutrition and Dietetics (ACEND); 2) completed an ACEND®-accredited supervised practice program at a health-care facility, community agency, or a foodservice corporation or combined with undergraduate or graduate studies; 3) passed a national examination administered by the Commission on Dietetic Registration (CDR); and 4) completed continuing professional educational requirements to maintain registration. For more information, visit the Academy of Nutrition and Dietetics' (AND) Registered Dietitian Nutritionist Fact Sheet website.

reimbursable meals and snacks: Meals and afterschool snacks that offer the required meal components and minimum servings in the meal patterns for each age or grade group, as defined by the USDA Child Nutrition Programs regulations.

residential child care institution (RCCI): RCCIs include, but are not limited to homes for the mentally, emotionally or physically impaired, and unmarried mothers and their infants; group homes; halfway houses; orphanages; temporary shelters for abused children and for runaway children; long-term care facilities for chronically ill children; and juvenile detention centers. A long-term care facility is a hospital, skilled nursing facility, intermediate care facility, or distinct part thereof, which is intended for the care of children confined for 30 days or more.

School Breakfast Program (SBP): The USDA's federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. The SBP provides nutritionally balanced, low-cost, or free breakfasts to children each school day. The SBP was established under the Child Nutrition Act of 1966 to ensure that all children have access to a healthy breakfast at school to promote learning readiness and healthy eating behaviors. For more information, visit the CSDE's School Breakfast Program webpage.

school food authority (SFA): The governing body that is responsible for the administration of one or more schools and has the legal authority to operate the USDA's school nutrition programs.

school nutrition programs: The USDA's school nutrition programs include the National School Lunch Program (NSLP), School Breakfast Program (SBP), Afterschool Snack Program (ASP) of the NSLP, Seamless Summer Option (SSO) of the NSLP, Special Milk Program (SMP), Fresh Fruit and Vegetable Program (FFVP), and Child and Adult Care Food Program (CACFP) At-risk Supper Program implemented in schools. For more information, visit the CSDE's School Nutrition Programs webpage.

Seamless Summer Option of the NSLP (SSO): The USDA's federally assisted summer feeding program that combines features of the NSLP, SBP, and SFSP, and serves meals free of charge to children ages 18 and younger from low-income areas. School districts participating in the NSLP or SBP are eligible to apply to the CSDE to participate in the SSO. SSO meals follow the meal patterns of the NSLP and SBP. For more information, visit the Seamless Summer Option (SSO) of the NSLP webpage.

serving size or portion: The weight, measure, number of pieces, or slices of a food or beverage. SFAs must provide the minimum serving sizes specified in the USDA meal patterns for meals and snacks to be reimbursable.

simple carbohydrates (sugars): Carbohydrates consisting of one sugar (e.g., fructose and galactose) or two sugars (e.g., lactose, maltose, and sucrose). Sugars can be naturally present in foods (such as fructose in fruit or lactose in milk) or added to foods (such as sucrose or table sugar). Foods that naturally contain simple carbohydrates (such as fruits, milk, and milk products, and some vegetables) also contain vitamins and minerals. Foods that contain large amounts of added sugars (such as cookies, candy, pastries, sweetened baked goods, regular soft drinks, and other sweetened drinks) provide calories with few, if any, nutrients. For more information, refer to "added sugars" in this section.

sodium: A mineral that helps maintain the body's fluid balance and blood pressure. Diets that are high in sodium can increase the risk of high blood pressure in individuals who are sodium sensitive**.**

Special Milk Program (SMP): The USDA's federally assisted program that provides milk to children in schools and child care institutions that do not participate in other federal meal service programs. The SMP reimburses schools for the milk they serve. Schools in the NSLP or SBP may also participate in the SMP to provide milk to children in half-day pre-kindergarten and kindergarten programs where children do not have access to the school meal programs. For more information, visit the CSDE's Special Milk Program webpage.

standard operating procedure (SOP): A detailed explanation of how to implement a policy through specific practices or tasks. SOPs standardize the process and provide step-by-step instructions that enable everyone to perform the task in a consistent manner. This ensures that all staff follow the same procedures each time.

state-licensed healthcare professional: An individual who is authorized to write medical prescriptions under state law and is recognized by the State Department of Public Health (DPH). In Connecticut, state licensed healthcare professionals include physicians (MD), physician assistants (PA) and certified physician assistants (PAC), doctors of osteopathy (DO), and advanced practice registered nurses (APRN), i.e., nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

sucrose: Another name for table sugar. Sucrose contains glucose and fructose. For more information, refer to "simple carbohydrates (sugars) in this section.

sugars: Refer to "added sugars" and "simple carbohydrates" in this section.

Summer Food Service Program (SFSP): The USDA's federally assisted summer feeding program for children ages 18 and younger that provides nutritious meals when schools end for the summer. For more information, visit the CSDE's Summer Food Service Program webpage.

vegetables component: The meal component of the USDA meal patterns that includes vegetables (fresh, frozen, canned, and dried) and pasteurized full-strength juice. For more information, visit the "Vegetables" section of the CSDE's Crediting Foods in School Nutrition Programs webpage.

whole grain-rich (NSLP and SBP meal patterns for grades K-12): For the NSLP and SBP meal patterns for grades K-12, a food is WGR if meets two criteria: 1) the food is 100 percent whole grain or contains a blend of whole and enriched grains that is at least 50 percent whole grain; and 2) any noncreditable grains are less than 2 percent of the product formula (or less than ¼ oz eq per portion), i.e., no more than 3.99 grams per portion for groups A-G (baked goods) or 6.99 grams per portion for groups H (cereal grains). Ready-to-eat (RTE) breakfast cereals meet the WGR criteria if: 1) the first ingredient is a whole grain and the cereal is fortified, or the cereal is 100 percent whole grain; and 2) noncreditable grains do not exceed 6.99 grams per portion. Fortification is not required for 100 whole grain cereals. For more information, refer to the CSDE's *Guide to Meeting the Whole Grain-rich Requirement for the Meal Patterns for Grades K-12 in the School Nutrition Programs*.

whole grain-rich (NSLP, SBP, and ASP preschool meal patterns): For the preschool meal patterns, WGR foods contain 100 percent whole grain or contain at least 50 percent whole grains and any other grain ingredients are enriched. For more information, refer to the CSDE's *Guide to Meeting the Whole Grain-rich Requirement for the Child and Adult Care Food Program*.

whole grains: Grains that consist of the entire kernel, including the starchy endosperm, the fiber-rich bran, and the nutrient-rich germ. All grains start out as whole grains, but many are processed to remove the bran and germ, which also removes many of the nutrients. Whole grains are nutrient rich, containing vitamins, minerals, fiber, antioxidants, and health-enhancing phytonutrients such as lignans and flavonoids. Examples of whole grains include whole wheat, whole oats, oatmeal, whole-grain cornmeal, brown rice, whole rye, whole barley, wild rice, buckwheat, and bulgur (cracked wheat). For more information, refer to the CSDE's resource, *Crediting Whole Grains in the School Nutrition Programs*.

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