

**Wisconsin Department of Public Instruction**  
**MEAL MODIFICATIONS IN THE USDA CHILD NUTRITION PROGRAMS**  
PI-6314 (Rev 06-24)

U.S. Department of Agriculture (USDA) regulations 7 CFR Part 15b requires school meal modifications be made for children with dietary disabilities when requests are supported by a written statement from a state authorized medical authority or registered dietitian.

**A. Rehabilitation Act of 1973 and the Americans with Disabilities Act**

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, “a person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment.

Major life activities 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. A major life activity also includes 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.

These Acts can be found in their entirety at <https://www.eeoc.gov/statutes/rehabilitation-act-1973> and <http://www.eeoc.gov/laws/statutes/adaaa.cfm>.

**B. Individualized Education Program**

The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. The IDEA can be found in its entirety at <https://sites.ed.gov/idea/statuteregulations>.

When a child’s IEP or 504 plan contains the same information that is required on a medical statement, then it is not necessary to get a separate medical statement from a state authorized medical authority or registered dietitian.

**C. Authorized Medical Statement**

An authorized medical statement must:

- Include an explanation of how the child’s physical or mental impairment restricts the child's diet
- Identify the food(s) to be avoided
- Identify the food(s) to be substituted
- Be signed by a state authorized medical authority or a registered dietitian.

Per USDA memo SP 32-2015, a state authorized medical authority is a state licensed health care provider who is authorized to write medical prescriptions under state law. In Wisconsin this is a physician, dentist, optometrist, podiatrist, physician assistant, or nurse practitioner. In addition, the Final Rule-Child Nutrition Programs: Meal Patterns Consistent With the 2020-2025 DGAs, section 14 permits registered dietitians to request meal modifications on behalf of a child with a dietary disability.

If the request for a meal modification is not for a disability or has not been signed by an Authorized Medical Authority, the school is not required to provide a meal accommodation.

**When a request for dietary modification is not supported by a Medical Statement for Special Dietary Needs (or included in an IEP or 504 plan), the West Bend School District is unable provide modified meals that are not in compliance with USDA Child Nutrition Program requirements. Without a medical provider's signature, the WBSD School Nutrition Department will omit the ingredients/food items we have been notified of but cannot offer a substitute.**

## MEDICAL STATEMENT FOR SPECIAL DIETARY NEEDS

Please read page one prior to completing this form. Please complete all questions to ensure timely and accurate processing.

### General Information

Student's Name	Age	Grade	School

### Accommodations

1. Please describe the student's medical condition or disability that requires meal modifications.

2. Is the student able to independently navigate the serving line and choose items that meet their dietary needs?

☐ YES, student can self-select

☐ NO, student will need assistance

3. What foods or types of food should be omitted? Please be as detailed as possible, check all that apply:

<input type="checkbox"/> <b>Fluid Milk</b>
<input type="checkbox"/> <b>Obvious Dairy</b> (e.g. cheese, yogurt, ice cream, sour cream, butter, cottage cheese)
<input type="checkbox"/> <b>Dairy As An Ingredient</b> (e.g. baked goods, mashed potatoes, ranch dressing)
<input type="checkbox"/> <b>Obvious Eggs</b> (e.g. omelet, hard-boiled)
<input type="checkbox"/> <b>Egg As An Ingredient</b> (e.g. baked goods, pancakes, French toast, breading)
<input type="checkbox"/> <b>Gluten</b> *Note: Our schools are not gluten-free. Can the student go through the food line, as there may be possible cross-contamination? <b>YES or NO (circle one)</b>
<input type="checkbox"/> <b>Peanuts</b> <input type="checkbox"/> <b>Tree Nuts</b> *Note: Our schools are not nut-free. Our policy states, if a menu item does not have a peanut or tree nut as an ingredient, but it is unknown if the facility is nut-free we will serve the menu item to the student. Is this policy acceptable? <b>YES or NO (circle one)</b>
<input type="checkbox"/> <b>Sesame</b> (e.g. seeds, oil, flour)
<input type="checkbox"/> <b>Other Food Items/Additional Comments</b>
<b>Substitutions:</b> Please list the foods or ingredients that may be substituted in place of omitted foods; please avoid brand names unless medically necessary.

### Signatures

Parent or Legal Guardian's Name	Relationship	Phone Number
Signature of Parent or Legal Guardian		Date Signed
Authorized Medical Authority's Name	Title <input type="checkbox"/> Dentist <input type="checkbox"/> Optometrist <input type="checkbox"/> Podiatrist	<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Registered Dietitian
Signature of Authorized Medical Authority		Date Signed

*This institution is an equal opportunity provider.*

# West Bend Joint School District #1

## SPECIAL DIETARY NEEDS POLICY



West Bend School District aims to provide all participating students with nutritious meals through participation in the USDA Child Nutrition Programs. This includes ensuring students with disabilities as defined under the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Individuals with Disabilities Education Act, have an equal opportunity to participate in and benefit from the USDA Child Nutrition Programs.

U.S. Department of Agriculture (USDA) regulations 7 CFR Part 15b requires the school district will make reasonable modifications to accommodate students with disabilities including providing special dietary accommodations to students with a disability which restricts their diet.

***Please Note: A parent/guardian requesting special dietary accommodations for a student with an allergy or disability that restricts the diet should notify both the school Health Room Professional and the School Nutrition Department.***

### **CONTACT INFORMATION**

#### **School Nutrition Administrative Assistant/Dietary Accommodation Coordinator**

We are happy to answer questions regarding our menu, ingredients, & policies; please contact Traci Wilson at [twilson@wbsd-schools.org](mailto:twilson@wbsd-schools.org) or 262-335-5502.

#### **Director of School Nutrition/Hearing Official**

Tom Dembski [tdembski@wbsd-schools.org](mailto:tdembski@wbsd-schools.org) or 262-335-5528

#### **District Nurse**

Amy Braeger, RN [abraeger@wbsd-schools.org](mailto:abraeger@wbsd-schools.org) or 262-306-4488

For a list of current Health Room Professionals, please visit: <https://west-bend.k12.wi.us/District/1206-Health-Clinic.html>

### **ACCESS TO FOOD SERVICE PROGRAMS AND FACILITIES**

It is the policy of the school district to ensure that it does not discriminate against any person based on a protected status or classification as identified by law or herein in admission to or access to programs, services or activities offered by the district. The school district will ensure that individuals with disabilities have an equal opportunity to participate in the USDA Child Nutrition Programs and have appropriate access to facilities and areas where meals are provided.

### **REQUEST FOR A SPECIAL DIETARY ACCOMMODATION**

#### **Medical Statement**

A parent/guardian requesting special dietary accommodations for a student with a disability that restricts the diet must provide the Medical Statement for Special Dietary Needs signed by a state authorized medical authority. The request must contain the following information:

- An explanation of how the student's physical or mental impairment restricts the diet
- The food(s) to be avoided
- The food(s) to be substituted

**State Authorized Medical Authority**

A state authorized medical authority is a licensed health care professional who is authorized to write medical prescriptions under state law. This could include a physician, dentist, optometrist, podiatrist, physician assistant, nurse practitioner, or registered dietician.

**Incomplete Medical Statements**

If a Medical Statement for Special Dietary Needs is unclear or lacks sufficient detail, the special dietary accommodation coordinator or school district's healthcare team may seek appropriate clarification from the parent/guardian or the healthcare practitioner so that a safe meal can be provided.

**Where to Submit**

A special dietary accommodation for a student who has a disability that restricts the student's diet must be supported by a Medical Statement for Special Dietary Needs, which should be submitted to:

WBSD School Nutrition/Attn: Traci Wilson  
1305 E. Decorah Road, West Bend, WI 53095  
Fax: 262-335-8262  
[twilson@wbsd-schools.org](mailto:twilson@wbsd-schools.org)

**Individualized Education Plan (IEP) or 504 Plan**

A student with a disability may have an IEP or 504 plan that requires specific instruction, services, or accommodation related to the student's nutritional needs. If a student's IEP or 504 plan contains the same information that is required on a Medical Statement for Special Dietary Needs, then it is not necessary to obtain and submit a separate Medical Statement for Special Dietary Needs.

## **PERSONAL REQUESTS**

When a request for a special dietary accommodation is not supported by an authorized Medical Statement for Special Dietary Needs or included in a student's IEP or 504 plans, the school district cannot provide modified meals that are not in compliance with USDA Child Nutrition Program requirements.

**Fluid Milk Substitution**

The school district shall have no legal obligation to accommodate a student's or a parent's/guardian's preference for a fluid milk substitute if there is no Medical Statement for Special Dietary Needs on file. However, the district will assist the student in choosing a reimbursable meal through offer versus serve (OVS).

**Religious Reason**

The school district shall have no legal obligation to accommodate a student's or parent's/guardian's request for accommodations based on religious requests. However, the district will assist your student in choosing a reimbursable meal through offer versus serve (OVS).

**Personal Request**

The school district shall have no legal obligation to accommodate a student's or parent's/guardian's general health, nutrition, or food preferences. However, the district will assist your student in choosing a reimbursable meal through offer versus serve (OVS).

## **IMPLEMENTATION AND DISCONTINUATION**

**Review**

Upon receipt of a request for a special dietary accommodation, the special dietary accommodation coordinator shall review the request to ensure it is supported as required by federal law and district policy.

## **Implementation**

When the need for a special dietary accommodation is supported by a Medical Statement for Special Dietary Needs signed by a state authorized medical authority, the district will offer a reasonable modification that effectively accommodates the student's disability. Following USDA Child Nutrition Program regulations, the school district may consider factors such as cost and efficiency and is not required to prepare a specific meal, provide a specific brand of food, or provide a meal beyond the meals provided to other students.

For students who have an IEP or 504 plan that requires specific food related accommodations, the school district shall provide the accommodation as required by law, seeking clarifying medical information, as necessary.

A special dietary request will be approved and implemented upon submission of a completed authorized Medical Statement.

## **Notification**

Parents/guardians will be notified of clarifications needed or approval of a special dietary request.

## **Renewing A Special Dietary Request**

An authorized Medical Statement does not need to be updated annually. However, the special dietary accommodation coordinator may annually seek clarification or updates on special dietary requests.

## **Discontinuation of a Special Dietary Request**

A special dietary request or part of a request may be discontinued by a parent/guardian by submitting the request in writing to the special dietary accommodation coordinator.

# **PROCEDURAL SAFEGUARDS**

The school district staff will collaborate with parents/guardians and the student's healthcare team to appropriately share pertinent information regarding a student's food-related disability with the goal of providing a safe environment.

To ensure that all district staff have the necessary information, the student's parent/guardian should notify both the Health Room Professional **and** the School Nutrition Department of food-related disabilities/allergies.

## **Peanut and Tree Nut Policy**

Our schools do not claim to be nut-free. For students with a documented nut allergy, as long as there are no nuts listed on the ingredient list the student will be served the item. It may *not* be known if it is prepared in a facility that also prepares products with nuts. Please indicate on the Medical Statement For Dietary Special Needs if you agree with this policy; without documentation, we will err on the side of caution and consider the "policy not acceptable". This means they will be denied foods that do not explicitly state "prepared in a nut-free facility" to the best of our knowledge.

## **Gluten Policy**

Our schools do not claim to be gluten-free, please indicate on the Medical Statement For Dietary Special Needs if your child can go through the food line, as there is a risk for cross-contamination.

## **Carbohydrate Counting**

School food service staff will provide menus, recipes, product labels, and planned portion sizes for various menu items. The student's parents/guardians, health care team or school healthcare team should use this information to determine carbohydrate totals to help ensure a safe meal and proper medication dosage.

## **Disclaimer**

Nutrition information is accurate to the best of our knowledge; however, product substitutions or manufacturer formulas changes can occur. Ingredients and menu items are subject to change. Please consult a medical professional for assistance in planning or treating medical conditions.

## **COMPLAINTS OF DISCRIMINATION**

Parents and guardians have the right to examine the record and file a grievance in situations where a requested modification is not granted. Schools or districts should follow their procedures for grievances and complaints alleging civil rights discrimination (including Wisconsin protected classes) in the U.S. Department of Agriculture (USDA) Child Nutrition Programs. Federal law prohibits discrimination on the basis of these protected classes: race, color, national origin, sex (including gender identity and sexual orientation), disability and age. Any person alleging discrimination based on a protected class has the right to file a complaint within 180 days of the alleged discriminatory action. Complaints can be accepted verbally, in writing, anonymously, and from third party representatives. Complaints should be directed to: Tom Dembski, Director of School Nutrition [tdembski@wbsd-schools.org](mailto:tdembski@wbsd-schools.org) 262-335-5528  
1305 E. Decorah Road, West Bend, WI 53095.

### **Wisconsin Protected Classes**

Wisconsin state law prohibits discrimination on the basis of the federal protected classes, but also includes pregnancy, marital status, parental status, sexual orientation, religion, creed, and ancestry.

## **USDA NON-DISCRIMINATION STATEMENT**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

2. Fax:  
(833) 256-1665 or (202) 690-7442; or

3. Email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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