



Accommodating Special Dietary Needs IN SCHOOL NUTRITION PROGRAMS



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**Connecticut State Department of Education
Bureau of Health/Nutrition, Family Services and Adult Education
25 Industrial Park Road
Middletown, CT 06457**

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Project Director
Susan S. Fiore, M.S., R.D.
Nutrition Education Coordinator



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ABOUT THIS GUIDE

Accommodating Special Dietary Needs in School Nutrition Programs contains information and guidance on providing meals for children with special dietary needs, based on federal laws, U.S. Department of Agriculture (USDA) regulations and Connecticut laws and regulations. This guide is available on the Connecticut State Department of Education's (CSDE) Special Diets Web page at www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333730.

Due to the complicated nature of some issues regarding feeding children with special dietary needs, schools are encouraged to contact the CSDE for assistance on a case-by-case basis. For questions regarding this information, please contact the CSDE school nutrition programs staff in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education (see page v).

For more information on *Accommodating Special Dietary Needs in School Nutrition Programs*, contact:

Susan S. Fiore, M.S., R.D., Nutrition Education Coordinator
Connecticut State Department of Education
Bureau of Health/Nutrition, Family Services and Adult Education
25 Industrial Park Road
Middletown, CT 06457
860-807-2075
susan.fiore@ct.gov

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CSDE CONTACT INFORMATION

For questions regarding this information, please contact the school nutrition programs staff in the CSDE's Bureau of Health/Nutrition, Family Services and Adult Education.

County	Consultant
Fairfield County	Fionnuala Brown fionnuala.brown@ct.gov 860-807-2129
Hartford County	Teri Dandeneau teri.dandeneau@ct.gov 860-807-2079
Middlesex County Windham County	Susan Alston susan.alston@ct.gov 860-807-2081
Litchfield County	Allison Calhoun-White allison.calhoun-white@ct.gov 860-807-2008
New Haven County	Jackie Schipke jackie.schipke@ct.gov 860-807-2123
New London County Tolland County	Monica Pacheco monica.pacheco@ct.gov 860-807-2073
Connecticut State Department of Education Bureau of Health/Nutrition, Family Services and Adult Education 25 Industrial Park Road Middletown, CT 06457	

ABBREVIATIONS AND ACRONYMS

ADA	Americans with Disabilities Act
ADD	attention deficit disorder
ADHD	attention deficit hyperactivity disorder
APP	alternate protein product
APRN	advanced practice registered nurse
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
FDA	Food and Drug Administration
FERPA	Family Educational Rights and Privacy Act
FNS	Food and Nutrition Service, U.S. Department of Agriculture
HHFKA	Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296)
IEP	Individualized Education Program
IDEA	Individuals with Disabilities Education Act
IHCP	Individualized Health Care Plan
LEA	local educational agency
NSLP	National School Lunch Program
OHI	other health impaired
PPT	Planning and Placement Team
PKU	phenylketonuria
QFO	qualified food operator
RCCI	residential child care institution
RD	registered dietitian
SBP	School Breakfast Program
SOP	standard operating procedure
USDA	U.S. Department of Agriculture

1 — OVERVIEW

All school nutrition programs must meet the U.S. Department of Agriculture (USDA) requirements for accommodating children with special dietary needs. The USDA school nutrition programs include the:

- National School Lunch Program (NSLP);
- Afterschool Snack Program (ASP);
- School Breakfast Program (SBP);
- 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.

The USDA requirements for accommodating children with special dietary needs also apply to summer feeding programs, including the Summer Food Service Program (SFSP) and the Seamless Summer Option (SSO) of the NSLP. While these programs do not have specific program guidance related to special dietary needs, they must adhere to federal nondiscrimination regulations ([7CFR 15b](#)). Therefore, the guidance in this manual also applies to the SFSP and SSO.

The requirements for accommodating special dietary needs in school nutrition programs are different for children with and without disabilities. This guide summarizes the federal laws, USDA policies, and Connecticut laws and regulations that determine these requirements.

Due to the complicated nature of some issues regarding feeding children with special dietary needs, schools are encouraged to contact the CSDE for assistance on a case-by-case basis. For more information, see “[CSDE Contact Information](#)” at the beginning of this guide.



MEAL SUBSTITUTIONS FOR MEDICAL OR OTHER DIETARY NEEDS

USDA's regulations require that all meals served to students in school nutrition programs must comply with the meal patterns and dietary specifications (nutrition standards). However, food substitutions and other modifications to the meal patterns may be necessary to meet the dietary requirements of children who meet any of the following criteria:

- qualify for a disability under [Section 504 of the Rehabilitation Act of 1973](#) (Section 504);
- are eligible for special education under the [Individuals with Disabilities Education Act \(IDEA\)](#); or
- have other special dietary needs.

Examples of possible modifications include food restrictions, texture changes (e.g., pureed, ground, chopped or thickened liquids), increased or decreased calories, tube feedings and carbohydrate counts.

The USDA nondiscrimination regulations ([7CFR 15b](#)) and regulations for the school nutrition programs **require** substitutions or modifications in meals for children who are considered disabled under Section 504 or the IDEA and whose disability restricts their diet, when the need is certified by a recognized medical authority. For more information, see [“Definition of Recognized Medical Authority”](#) in this section.

Substitutions are also required when a recognized medical authority determines that a child's severe medical condition requires specific dietary modifications, even if the child does not have a disability under Section 504 or the IDEA. For more information, see [“Determining Whether a Child Has a Disability Due to Special Dietary Needs”](#) and [“Exceptions to Optional Accommodations for Nondisabled Children”](#) in this section, and [“Meal Pattern Substitutions for Other Severe Medical Conditions”](#) in section 3.

USDA regulations **permit** substitutions or modifications in meals for children without disabilities who are unable to consume the regular meals because of medical or other special dietary needs. School nutrition programs may choose to make these accommodations on a case-by-case basis, but the USDA does not require them.

All modifications require a medical statement signed by a recognized medical authority. The child's family must provide the medical statement before the school nutrition programs can make any accommodations.

DEFINITION OF RECOGNIZED MEDICAL AUTHORITY

A recognized medical authority is a state-licensed health care professional authorized to write medical prescriptions under state law, and recognized by the State Department of Public Health. In Connecticut, recognized medical authorities include physicians, physician assistants, doctors of osteopathy and advanced practice registered nurses (APRNs), i.e., nurse practitioners, clinical nurse specialists and certified nurse anesthetists who are licensed as APRNs. School nutrition programs cannot accept medical statements that are not signed by one of the preceding recognized medical authorities.

LEGISLATION REGARDING CHILDREN WITH DISABILITIES

Three federal laws contain provisions that may require special dietary accommodations for children with disabilities. These include:

- [Section 504 of the Rehabilitation Act of 1973](#);
- the [Individuals with Disabilities Education Act \(IDEA\)](#); and
- the [Americans with Disabilities Act \(ADA\) of 1990](#), including changes made by the [ADA Amendments Act of 2008](#) (P.L. 110-325).

The federal nondiscrimination regulations ([7CFR 15b](#)) and regulations governing the USDA school nutrition programs require accommodations for children with disabilities when a recognized medical authority certifies the need. **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.**



Federal Legislation

Section 504 of the Rehabilitation Act of 1973 and the ADA 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. The ADA guarantees equal opportunity and access for individuals with disabilities in employment, public accommodations, transportation, state and local governments and telecommunications. 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.

A child with special dietary needs may be protected from discrimination under the provisions of each one of these acts. The IDEA and Section 504 require that education and related services, including medically prescribed meal substitutions, must be provided 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 the IDEA or Section 504 may be entitled to receive medically prescribed meal substitutions as part of the child's Individualized Education Program (IEP) or Section 504 plan. **If these meal substitutions are included in an IEP or Section 504 plan, schools must provide them at no cost to parents.** For more information on IEPs and Section 504, see "[Individualized Education Program \(IEP\) Under IDEA](#)" and "[Section 504 and ADA Considerations](#)" in this section.

State Legislation

The Connecticut General Statutes for public schools address other requirements that apply to all children (with or without disabilities) in public schools, such as lunch periods and a management plan for life-threatening food allergies, as well as numerous requirements regarding school health services. [Chapter 169](#), School Health and Sanitation, of the Connecticut General Statutes 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.

The state statutes below address food and nutrition issues related to accommodating special dietary needs.

- 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.

In response to Section 10-212c of the Connecticut General Statutes, the CSDE developed [Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools](#). For more information, see [“State Requirement for Food Allergy Management Plan”](#) in section 3.

DEFINITION OF DISABILITY

Each federal law specifies the definition of a person with a disability. The definitions under Section 504 of the Rehabilitation Act, the ADA and the USDA 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.

The following diseases and conditions 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:

- orthopedic, visual, speech and hearing impairments
- cerebral palsy
- epilepsy
- muscular dystrophy
- multiple sclerosis
- cancer
- heart disease
- metabolic diseases, such as diabetes or phenylketonuria (PKU)
- food anaphylaxis (severe food allergy)
- mental retardation
- emotional illness
- drug addiction and alcoholism *
- specific learning disabilities
- HIV disease
- tuberculosis



* 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” covered by this definition include functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking and communicating.

The [ADA Amendments Act of 2008](#) specifically prohibits a “mitigating measure” from being used to deny an individual with a disability protection under Section 504. For example, if a child’s diabetes can be controlled through insulin and diet, the child still may qualify for protection because the Section 504 team cannot consider these mitigating measures in determining qualification. However, the team may use them to determine the accommodations needed for the child.

Individuals with Disabilities Education 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
- developmental delay (3- to 5-year-old children only)

When nutrition services are required under a child’s Individualized Education Program (IEP) or Individualized Health Care Plan (IHCP), school officials should **involve school food service personnel early on** in decisions regarding special meals. USDA regulations require substitutions or modifications in meals for children who are disabled and whose disability restricts their diet, when the need is certified by a recognized medical authority.

USDA Nondiscrimination Regulations

While the USDA regulations 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 of the Rehabilitation Act, the ADA and the IDEA.

The USDA nondiscrimination regulations 7 CFR 15b.3 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 classified 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 above but is treated by a recipient as having such an impairment.



The USDA regulations require substitutions or modifications in meals for children who are disabled and whose disability restricts their diet. This applies to all children who meet the **definition of disability** under any of the federal regulations, including Section 504 of the Rehabilitation Act, the ADA, the IDEA and the USDA nondiscrimination regulations. It also includes children with **medical conditions that the USDA considers to be disabilities**, such as celiac disease. For more information, see “[Other Considerations](#)” in this section, and “[Criteria Requiring Accommodations](#)” in section 2.

DETERMINING IF CHILD HAS A DISABILITY DUE TO SPECIAL DIETARY NEEDS

Section 504, the ADA and the IDEA specify the criteria for determining whether a child has a disability. The Section 504 meeting and the Planning and Placement Team (PPT) determine whether the disability affects the child's diet, and therefore requires special dietary accommodations.

Section 504 and ADA Considerations

The determination of whether a child has a disability under Section 504 is through a Section 504 meeting, which can be initiated by anyone. 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 disabled under Section 504.

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 food service program must make the accommodations specified by the *Medical Statement for Children with Disabilities* form in the child's Section 504 plan. For more information on special diets for children with disabilities, see section 2.

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.

If the Section 504 meeting determines that the child does not have a disability, the school nutrition program could choose to accommodate the child, but would not be legally obligated to do so unless the special dietary need meets one of the two exception criteria. For more information, see "[Exceptions to Optional Accommodations for Nondisabled Children](#)" in this section.

For the school nutrition program to make any dietary accommodations for a child without a disability, the child's family must provide a *Medical Statement for Children without Disabilities* form signed by a recognized medical authority. 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.

The **Planning and Placement Team (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 individualized educational program 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.

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 that enables the child to benefit from the educational program.

The school nutrition program must accommodate the child’s special dietary needs based on the recognized medical authority’s recommendations, as indicated in the *Medical Statement for Children with Disabilities* form. For more information, see section 2.

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 needs to 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.

If the dietary needs interfere with the child’s ability to benefit from instruction, a plan to address the child’s special dietary needs is a related service included in the IEP. The school nutrition program must accommodate the child’s special dietary needs based on the recognized medical authority’s recommendations, as included in the IEP. The child’s family must provide the *Medical Statement for Children with Disabilities* form signed by a recognized medical authority.



Individualized Education Program (IEP) Under the IDEA

A child identified as disabled and receiving services under the IDEA will have an IEP. The 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 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.

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 alterations to the food program for the child.

Accommodations to address the child's dietary needs may be included in the child's IEP either as a related service or in the accommodations pages of the IEP document. Where the services are necessary to enable the child to benefit from instruction, they must be written as a related service for the child. An IHCP may be all that is necessary for the child if the special dietary issues do not affect the child's education.

The **Individualized Health Care Plan (IHCP)** is a written document developed for students 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. 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 recognized medical authority is not responsible for determining if the child has a disability for purposes of determining the child’s eligibility for special education under the IDEA or qualification under Section 504. The PPT conducts the PPT meeting to determine the child’s eligibility for special education or the Section 504 team conducts the Section 504 meeting that determines if the child has a disability. However, the recognized medical authority would be required to outline the appropriate substitutions, modifications or omissions that are required to accommodate the child’s dietary needs.

There is a distinction between the definition of “disability” for the purposes of Section 504 and IDEA, and for the purposes of food substitutions under the USDA requirements for school meals. If a recognized medical authority determines that a child has a severe medical need requiring meal accommodations, the USDA requires the school nutrition program to provide the meal accommodations even if:

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

Additionally, when the USDA considers a medical condition to be a disability, such as celiac disease, the school nutrition program must provide meal accommodations for the child if the family provides a *Medical Statement for Children with Disabilities* form signed by a recognized medical authority. For more information, see “[Exceptions to Optional Accommodations for Nondisabled Children](#)” in this section, and “Meal Pattern Substitutions for Other Severe Medical Conditions” in section 3.

The determination of a disability under Section 504 or the IDEA is not the same as a recognized medical authority’s diagnosis of a severe medical condition. A child with a severe medical condition, such as food allergies or celiac disease, may not necessarily qualify as having a disability under Section 504 or the IDEA. However, if a recognized medical authority determines that a child’s severe medical condition requires dietary modifications, the school nutrition program must make the accommodations specified in the *Medical Statement for Children with Disabilities* form.

OBLIGATION OF SCHOOLS REGARDING MEAL ACCOMMODATIONS

The USDA regulations **require** substitutions or modifications for school meals for disabled children whose disability restricts their diet. The USDA regulations **permit** substitutions for children who are not disabled but are unable to consume regular school meals because of medical or other special dietary needs.

Regardless of whether the dietary accommodation is for a disabled or nondisabled child, the USDA recommended course of action in all situations involving substitutions for special dietary needs is to encourage school personnel to work closely with the parents/guardians and recognized medical authority. **The USDA’s intent is to facilitate collaboration to ensure that schools make “reasonable” accommodations to allow for the child’s participation in the meal service.** Effective communication and collaboration also serve to prevent misunderstandings, protecting not only the child but school personnel.



In most cases, schools can reasonably meet special dietary needs through a diet order including a list of acceptable food substitutions that ensures the modified meal is reimbursable and meets nutrition standards that are medically appropriate for the child. **The school nutrition program can only make meal substitutions based on written documentation from a recognized medical authority.** Schools cannot make substitutions based on written or verbal communication from parents/guardians.

The only exception to the requirement for written documentation from a recognized medical authority is nondairy milk substitutions for children without disabilities. For children without disabilities, schools have the **option** of providing nondairy beverages that meet the USDA nutrition standards for fluid milk substitutes. USDA regulations allow schools to accept a written statement from a parent/guardian only for milk substitutions for nondisabled children. The supporting statement must identify the student’s medical or other special dietary need that precludes cow’s milk. All nondairy milk substitutes must meet the USDA’s nutrition standards for fluid milk substitutions. For more information, see “[Meal Pattern Substitutions for Fluid Milk](#)” in section 3.

For children with disabilities, nondairy milk substitutions and any other meal substitutions require the *Medical Statement for Children with Disabilities* form. Written requests from parents/guardians for nondairy milk substitutes are allowed only for children **without** disabilities.

EXCEPTIONS TO OPTIONAL ACCOMMODATIONS FOR NONDISABLED CHILDREN

USDA regulations specify that meal modifications for children without recognized medical disabilities are optional. **However, there are two exceptions when accommodations for nondisabled children are required.** The school nutrition program must provide meal accommodations for a nondisabled child when:

- a recognized medical authority determines and documents that the child’s severe medical condition requires specific dietary modifications, for example severe food allergies; or
- the USDA considers the medical condition to be a disability, for example celiac disease.

In both cases, the school nutrition program must provide the substitutions prescribed by the recognized medical authority, even if the child does not have a disability under any of the federal laws. The child’s family must provide the *Medical Statement for Children with Disabilities* form signed by a recognized medical authority. For more information, see “[Other Considerations](#)” in this section, and “[Meal Pattern Substitutions for Other Severe Medical Conditions](#)” in section 3.

REQUIREMENTS FOR FREE AND REDUCED-PRICE MEALS

The USDA requirements for accommodating special dietary needs apply to all children regardless of their eligibility for paid, free or reduced-price meals. The provisions regarding special dietary accommodations are based on whether children are determined to be disabled or nondisabled, not whether they are eligible for free or reduced-price meals.

Special dietary accommodations are not required for children who are eligible for free or reduced-price meals unless they have a disability that restricts their diet. Before schools can make any meal accommodations, the child’s family must provide a *Medical Statement for Children with Disabilities* form signed by a recognized medical authority.



DOCUMENTATION REQUIRED FOR MEAL PATTERN SUBSTITUTIONS

Schools are required to have documentation on file for any substitutions or modifications made to the required USDA meal patterns. The child's family must provide the *Medical Statement for Children with Disabilities* if the child has a disability, or the *Medical Statement for Children without Disabilities* if the child does not have a disability but has special dietary needs.

School nutrition programs must ensure that the child's medical statement includes all required information before making any meal accommodations. Medical statements frequently have incomplete information regarding the child's diet plan. For example, a medical statement might specify the medical disability but omit the specific required food substitutions. In this case, an appropriate school official (such as the school nurse, food service director or food service manager) must ask the parents/guardians to obtain written information from the child's recognized medical authority concerning the specific required substitutions or modifications. If schools encounter difficulties in obtaining the needed information, they should advise parents/guardians of the problem, and ask them for help in obtaining a complete medical statement for the child.

It is important for families to understand that the school nutrition program cannot provide food substitutions or modifications without an adequate diet order or diet prescription signed by the appropriate medical personnel. In some cases, it may be appropriate and helpful for the recognized medical authority to provide a written referral to a registered dietitian or other qualified medical professional for diet substitutions.

PROCEDURES FOR PROVIDING INFORMATION TO SCHOOL FOOD SERVICE

Close communication between the school nursing staff and school food service personnel is essential to ensure that children receive appropriate dietary accommodations. Schools must establish procedures for identifying children with special dietary needs, and provide this information to the staff responsible for feeding the children. For example, food service staff should be aware of children who are allergic to nuts or have other special diet prescriptions.

Schools can maintain information for school food service personnel in the form of a list identifying the children and the food restrictions, along with the appropriate substitutions designated by each child's medical statement. This list would be adequate to document the substitutions in the USDA meal patterns if the school has the original signed medical statements on file. The CSDE evaluates this information as part of the USDA administrative review of the district's school nutrition programs. For more information, see "[Storage and Updates of Medical Statements](#)" in this section.



STORAGE AND UPDATES OF MEDICAL STATEMENTS

The CSDE recommends storing medical statements in the student's Cumulative Health Record (CHR) maintained by the school nurse.

The school nurse may share copies of student medical statements with the food service department for the purposes of accommodating special diets.

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 accommodations for special dietary needs. The school food service department should have access to this information to allow them to make appropriate dietary accommodations for each student.



The USDA regulations regarding accommodations for special dietary needs do not specify time limits on medical statements for children with or without disabilities. Since children's special dietary needs may change over time, the CSDE strongly recommends that schools develop a plan for ensuring that the dietary information on file is current. For example, schools could update medical statements in conjunction with the child's yearly physical. Any changes to children's diet orders must be in writing on a medical statement signed by a recognized medical authority.

The **Cumulative Health Record (CHR)** serves as the official student health record in Connecticut schools. It 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.

EFFECT OF MODIFICATIONS ON MEAL PATTERNS AND DIETARY SPECIFICATIONS

The school meal patterns and dietary specifications do not apply to meals for children with recognized medical disabilities that restrict their diet. Meals with modifications or substitutions for disabled children are not included in the nutrient analysis of school meals. However, when meals for children with disabilities consist only of texture modifications such as chopped, ground or pureed foods, they must meet the school meal patterns and dietary specifications and are included in the nutrient analysis of school meals.

Optional accommodations for children without recognized medical disabilities must be consistent with the meal patterns and dietary specifications. Meals with modifications or substitutions for nondisabled children are included in the nutrient analysis of school meals.

For information on the meal patterns and dietary specifications, see the CSDE's [Meal Patterns](#) Web page, and sections 1 and 5 of the CSDE's [Menu Planning Guide for School Meals](#).

MEAL REIMBURSEMENT AND COST

Reimbursement for meals served to children with or without disabilities (documented by a medical statement) is claimed at the same reimbursement rate as meals that meet the USDA meal patterns. While the USDA considers any additional costs for substituted foods to be allowable food service program costs, no additional reimbursement is available.



Price of Meals

Children with disabilities or other certified special dietary needs requiring meal modifications cannot be charged more for their meals than other children. If the child qualifies for free or reduced-price meals, the charge for modified meals is also the same.

Allowable Costs

In most instances involving food substitutions, the school food service account pays the cost of special food and food preparation equipment, and food service personnel will generally be responsible for providing the alternate meal. For example, if a child must have a pureed meal, it is reasonable to expect the school nutrition program to purchase a blender or food processor, and to have the meal prepared by the food service staff.

For more delicate operations such as tube feedings, proper administration generally requires the skills of specially trained personnel such as nurses or special trained aides who regularly work with the child. If the child has an IEP, special education funds may cover special labor costs. If the child does not have an IEP, these costs may, as appropriate, be charged in part to the food service account or may be assigned to the school district's general fund or other funding sources. For more information, see "Tube Feedings" in section 2.

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 food service can be paid by the school food service account on a pro rata basis. However, the food service account may only pay the amount of time that the person actually spends on activities related to the school food service. For example, if a school nurse spends one hour per day feeding a child with a special need, only that portion of his/her salary can be charged to the school food service account, 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 required services for the child.

In most cases, children with disabilities can be accommodated with little extra expense or involvement. When the school nutrition program has difficulty covering the additional cost, schools can consider alternative funding sources such as:

- the school district’s general fund;
- IDEA (can be used for the purchase of special foods, supplements or feeding equipment, services of a registered dietitian or nutritional professional, and services of the special education teacher, occupational therapist or other health professional in feeding the child or developing feeding skills);
- Medicaid (can fund special dietary supplements, eating devices and nutrition consultation as medically necessary);
- Early and Periodic Screening, Diagnostic and Treatment (Medicaid);
- Supplemental Security Income;
- Medicare;
- Maternal and Child Health Services Block Grants; and
- community sources, such as the Parent Teacher Association (PTA), parent teacher organizations, voluntary health associations and other local community groups.

For more information on these funding resources, consult section IIIB of the USDA’s *Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff*.

The overall responsibility for accommodating children with disabilities rests with the school district. The school district administration is responsible for allocating the district’s costs of accommodating children with disabilities, and for deciding which personnel will work with individual children.



POLICIES FOR SPECIAL DIETARY ACCOMMODATIONS

The CDSE strongly encourages all school nutrition programs to develop a written policy for addressing special dietary accommodations in school meals. Written policies are important because they:

- provide clear guidelines for students, families and school staff;
- ensure consistent practices in all schools and among all staff members;
- document compliance with federal and state requirements and best practices;
- educate families regarding school practices and procedures;
- provide a basis to evaluate program activities and staff members; and
- demonstrate the district’s commitment to children’s health and well-being.

Policies are an important tool to notify the school community — including school administrators, school staff and families — of the availability of meal accommodations, and explain applicable requirements and procedures, including:

- federal requirements to ensure that modified meals are reimbursable;
- the process for parents/guardians to request special dietary accommodations;
- required information for making accommodations, e.g., submission of the appropriate medical statement and supporting documentation, such as diet plans;
- standard operating procedures (SOPs) for accommodating special diets, e.g., preparing foods for different types of special diets, and cleaning to prevent food allergen contamination;
- communication procedures between school personnel and between schools and families; and
- monitoring to ensure that meal modifications are appropriate and meet individual dietary needs.

Since the USDA only requires substitutions or modifications for children with disabilities, districts will make decisions regarding meal pattern substitutions for children without disabilities, based on appropriate documentation from a recognized medical authority. The written policy should address how the district will handle these substitutions, and identify any local procedures. It should also be integrated with the district’s food allergy management plan, and developed in collaboration with school health services and school administration. For more information, see [“State Requirement for Food Allergy Management Plan”](#) in section 3.



The strategies below can assist districts with developing policies for accommodating special diets. Priority areas include assessing current operations, developing SOPs, providing staff training and ensuring consistent communication.

- Identify the personnel and resources needed for planning, developing, implementing and evaluating the policy and SOPs.
- Conduct a self-assessment of the district’s current policies, practices and procedures for special dietary accommodations in school meals. The CSDE’s *Self-assessment of District Practices for Accommodating Special Dietary Needs in School Nutrition Programs* and *NFSMI Best Practices for Serving Students with Special Food and/or Nutrition Needs in School Nutrition Programs* can assist districts with this process.
- Identify the essential practices to implement in school food services and school health services, and determine where SOPs are necessary.
- Develop an action plan to address the practices needing attention, as identified by the district’s self-assessment. When developing action plans for SOPs, start with the most important practices. An action planning form and sample action plans are available on the CSDE’s [Policies for Special Diets](#) Web page.
- Develop SOPs by writing down the actual steps taken when performing the specific task. When using sample SOPs from organizations or other schools, be sure to customize the information so it is specific to the local program.
- Identify the training needs of school personnel regarding accommodations for students with special nutrition needs. Provide professional development on special diets at least annually for school food service personnel, school health services personnel and other school staff, as appropriate.
- Determine effective communication strategies between the district school food service director, school food service staff, nurse supervisor, nurses, teachers, parents/guardians, school staff and administrators.

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 members follow the same procedures each time. SOPs for special diets might include:

- procedures for preparing foods for different types of special diets, such as texture modifications;
- cleaning procedures for preventing food allergen contamination; and
- training procedures for all staff including substitutes.

Most SOPs for school meals address food safety practices but they provide a good template for adapting the content to address special diets. For more information, see “Standard Operating Procedures” in the [Food Safety](#) section of the CSDE’s [Nutrition Resources](#) list.

SUMMARY OF SCHOOL FOOD SERVICE RESPONSIBILITIES

The school nutrition program is responsible for providing meals to all children, including those with disabilities. The following summarizes the responsibilities of school food service personnel regarding dietary accommodations in the USDA school nutrition programs.

Meal Pattern Substitutions

- School food service personnel must make food substitutions or accommodations for children with disabilities.
- School food service personnel are encouraged, but not required, to provide food substitutions or accommodations on a case-by-case basis for children without disabilities who have other medically certified special dietary needs.
- All substitutions for children with or without disabilities must be based on a prescription written by a recognized medical authority. The child’s family must provide the appropriate medical statement signed by a recognized medical authority before the school nutrition program can make any menu modifications. For more information, see “[Definition of Recognized Medical Authority](#)” in this section.
- Schools must maintain all medical statements on file. For more information, see “[Storage and Updates of Medical Statements](#)” in this section.
- Under no circumstances should school food service personnel revise or change a diet prescription or medical order. School nutrition program must follow the prescription written by the child’s recognized medical authority.



Accessibility

USDA regulations specify that where existing food service facilities are not completely accessible and usable, sponsors may provide aides or use other equally effective methods to serve food to disabled children. The school district is responsible for the accessibility of food service sites and for ensuring the provision of aides when needed. As with additional costs for substituted foods, any additional costs for adaptive feeding equipment or for aides are allowable costs for school nutrition programs. However, no additional USDA reimbursement is available. Regulations also require that schools provide food services in the most integrated setting appropriate to the needs of the child with disabilities.

Cooperation

School food service personnel should work closely with parents or responsible family members, and with all other school, medical and community personnel who are responsible for the health, well-being and education of children with disabilities or with other special dietary needs, to ensure that the school nutrition program makes reasonable accommodations to allow these children's participation in the meal service. This cooperation is particularly important when accommodating children whose disabilities require significant modifications or personal assistance.

The CSDE's [Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools](#) provides information on the specific roles and responsibilities of food service personnel regarding food allergies. For an overview of the requirements for special dietary accommodations, see the CSDE's handout, [Summary of Requirements for Special Dietary Accommodations in School Nutrition Programs](#). For more information on resources, see section 5.



GUIDANCE FOR SPECIAL DIETS

The resources below provide detailed guidance on accommodating a variety of special dietary needs such as celiac disease, diabetes, food allergies, metabolic disorders, feeding problems and other special dietary considerations.

- *Handbook for Children with Special Food and Nutrition Needs*. Institute of Child Nutrition, 2006. www.nfsmi.org/documentlibraryfiles/PDF/20080213015556.pdf
- *Special Needs Facts Sheets (Allergy, Diabetes, Lactose Intolerance, Swallowing)*. Institute of Child Nutrition, 2003. <http://nfsmi-web01.nfsmi.olemiss.edu/ResourceOverview.aspx?ID=107>

For more resources, see the [Special Diets](#) section of the CSDE's *Nutrition Resources* list.

2 — MODIFICATIONS FOR CHILDREN WITH DISABILITIES

USDA regulations require substitutions or modifications in meals for children whose disability restricts their diet, based on documentation from a recognized medical authority. The medical statement must identify the following:

- the child’s disability and an explanation of why the disability restricts the child’s diet;
- the major life activity affected by the disability; and
- the food or foods to be omitted from the child’s diet, and the food or choice of foods that must be substituted.



The medical statement must be completed in its entirety and include all required information before the school nutrition program can make any meal modifications or substitutions for a child with disabilities. This ensures that the modified meal is reimbursable, and any meal modifications meet nutrition standards that are medically appropriate for the child.

CRITERIA REQUIRING ACCOMMODATIONS

The school nutrition program must make meal modifications when children meet any of the criteria below.

1. Children who qualify as disabled under either Section 504 or the IDEA, and whose disability restricts their diet, based on documentation from a recognized medical authority. These children will have either a Section 504 plan or an IEP and IHCP. In addition, they may also have an Emergency Care Plan (ECP), depending on their medical condition.
2. Children who do not have a Section 504 plan or an IEP but their recognized medical authority determines they have a disability due to a severe medical need requiring meal accommodations. These children will have an IHCP and may have an ECP, depending on their medical condition. For more information, see [“Meal Pattern Substitutions for Other Severe Medical Conditions”](#) in section 3.
3. Children who do not qualify as disabled under either Section 504 or the IDEA but whose medical condition is considered to be a disability by the USDA, for example celiac disease. These children will have an IHCP and may have an ECP, depending on their medical condition. For more information, see [“Meal Pattern Substitutions for Other Severe Medical Conditions”](#) in section 3.

In each case, the child’s family must provide a *Medical Statement for Children with Disabilities* form signed by a recognized medical authority before the school nutrition program can make any meal modifications.

MEDICAL STATEMENT FOR CHILDREN WITH DISABILITIES

The CSDE's *Medical Statement for Children with Disabilities* form assists school nutrition programs with collecting the required information to make dietary accommodations for children with disabilities. If schools use an alternate form, it must contain the same information specified in the CSDE's form, including:

- an identification of the child's disability and an explanation of why the disability restricts the child's diet;
- the major life activity affected by the disability;
- the food or foods to be omitted from the child's diet; and
- the food or choice of foods that may be substituted.

Examples of conditions that might require the *Medical Statement for Children with Disabilities* form include:

- cancer;
- celiac disease;
- cerebral palsy;
- diabetes;
- food anaphylaxis (severe food allergy);
- heart disease;
- metabolic disorders;
- phenylketonuria (PKU);
- seizure disorder; and
- severe obesity.

These examples of medical conditions are not all-inclusive and may not require special dietary accommodations for all children. **The determination of a child's disability and special dietary needs must be made on a case-by-case basis.**

School nutrition program must make dietary accommodations for children with disabilities based on the medical statement from a recognized medical authority.

Under no circumstances should school food service personnel diagnose health conditions, perform nutritional assessment, prescribe nutritional requirements or interpret, revise or change a diet order from a recognized medical authority.

TEMPORARY DISABILITIES

The requirements for providing accommodations for students with disabilities apply regardless of the duration of the disability. If a child has a temporary disability, the school nutrition program must make any meal accommodations specified on the medical statement signed by a recognized medical authority. An example of a temporary disability is a child who had major oral surgery due to an accident and is unable to consume food for a certain time unless the texture is modified.

SPECIFIC BRANDS OF FOOD

When making meal substitutions for a disabled child, schools are not required to provide a specific brand of food. The meal substitution can include any brand or type of food that meets the child's special dietary needs. For example, a child's medical statement lists ABC brand chicken patty as a substitute for the regular chicken patty offered in the school meal. The school nutrition program is not required to provide the specific ABC brand, but can substitute any of the following options:

- a different brand of chicken patty that meets the child's special dietary needs;
- another type of chicken that meets the child's special dietary needs, e.g., grilled or baked chicken; or
- another type of food that meets the child's special dietary needs, e.g., hamburger or sliced turkey.



The school nutrition program is only obligated to provide a reimbursable meal, not the same meal. The school nutrition program must offer the child a medically appropriate substitution that meets the specifications for a reimbursable meal, based on the approved substitutions list specified in the child's medical statement signed by a recognized medical authority.

NUMBER OF ALTERNATE MEALS

USDA regulations do not require a specific number of alternate meals to meet the dietary needs of a disabled child. Schools are only obligated to offer disabled children a medically appropriate meal substitution based on the child's medical statement. While USDA regulations require that school nutrition programs accommodate the dietary needs of children with disabilities, the "reasonableness" of that accommodation is a local decision. Districts can choose to provide one alternate meal that meets a disabled child's dietary requirements or they can choose to provide several different menu options.

DIFFERENT PORTION SIZES

For children with disabilities, if a recognized medical authority prescribes different portion sizes from the minimum quantity requirements in the USDA meal patterns, the school nutrition program must provide the specified portions. Examples include:

- an additional amount of a specific meal pattern component in one meal such as a second serving of meat/meat alternates or grains; or
- requiring that a child receives two meals.

The *Medical Statement for Children with Disabilities* form must specify this information, and be signed by a recognized medical authority.

TEXTURE MODIFICATIONS

Medical statements are not required when meals for children with disabilities only require modifications in texture, such as chopped, ground or pureed foods. Local boards of education or school governing authorities may apply stricter guidelines and require that schools keep a medical statement on file concerning the needed texture modifications.

The USDA recommends that schools require a medical statement to assist in providing the appropriate textural modifications. This serves as a precaution to protect the school district and minimize misunderstandings.

Unless otherwise specified by the recognized medical authority, meals modified for texture will consist only of the same food items and quantities specified in the regular school menus. Meals that consist only of texture modifications must meet the school meal patterns and dietary specifications and are included in the nutrient analysis of school meals.

As with other dietary substitutions, no additional USDA reimbursement is available for modified meals. If a child must have a pureed meal, it is reasonable to expect the food service program to purchase a blender or food processor and to have the meal prepared by food service staff. For more information on texture modifications, see the CSDE's [Guidelines for Feeding and Swallowing Programs in Schools](#).



TUBE FEEDINGS

If a child is determined to have a disability under Section 504 that requires tube feedings, the child's Section 504 plan will include feeding and swallowing as a component. Feeding and swallowing disorders are not one of the disability categories of 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.

For children who require tube feedings, the USDA recommends using commercial nutritive formulas prescribed by a recognized medical authority and specially designed for tube feedings. School-blenderized formula may be subject to spoilage and may not always have the correct consistency or nutritive content. Proper administration of this type of feeding generally requires the skills of specially trained personnel, such as nurses or the 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, these costs may, as appropriate, be charged in part to the school nutrition program or may be assigned to the school district's general fund or other funding sources. For more information, see "[Allowable Costs](#)" in section 1.

With appropriate documentation on the medical statement, the school nutrition program could be responsible for the cost of tube feeding formulas that are required as substitutions. However, school food service personnel are not responsible for physically feeding the child. For more information on tube feedings, see 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 school nutrition program is responsible for providing the necessary foods for a disabled child, school food service personnel are not responsible for physically feeding the child.**

Schools should be aware of the potential liability if persons without sufficient training and direction are performing tasks or activities such as developing or modifying a diet order prescribed by a licensed physician or administering tube feedings. Proper administration of this type of feeding generally requires the skills of specially trained personnel, such as nurses or the special trained aides who regularly work with the child. For more information, see the CSDE's *Guidelines for Feeding and Swallowing Programs in Schools*.

A LA CARTE FOODS AND BEVERAGES

The required accommodations under the USDA regulations apply only to **reimbursable meals** served in school nutrition programs. They do not apply to a la carte foods and beverages, i.e., foods or beverages that students purchase in addition to or in place of reimbursable meals.

The school nutrition program is not responsible for providing foods and beverages that are not part of reimbursable meals unless they are specifically included in the student's IEP. In this case, the school district must provide them at no cost to parents/guardians and may choose to have the school nutrition program handle this responsibility. For more information, see "[Allowable Costs](#)" in section 1, and "Meal Services Outside of the USDA Meal Programs" below.



A la carte foods and beverages are sold **separately** from reimbursable meals in the USDA 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.

MEAL SERVICES OUTSIDE OF THE USDA MEAL PROGRAMS

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 school nutrition program is 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 the school does not participate in the SBP, the school nutrition program is not required to provide breakfast for children with disabilities.

However, there are two exceptions when schools must provide disabled children with meal services that are not normally available for the general student body.

1. **If the child has an IEP that requires a meal that the school does not provide,** the school must provide the service at no cost to parents/guardians and may choose to have the school nutrition program handle this responsibility. For more information, see "[Allowable Costs](#)" in section 1.
2. **If a disabled child resides in a residential child care institution (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, as specified by either the recognized medical authority's medical statement or the IEP.

SPECIAL FOODS OR NUTRITION SUPPLEMENTS

With appropriate documentation on the medical statement, the school nutrition program is generally required to provide special foods or nutrition supplements as part of regular reimbursable meals for students with disabilities. In some cases, other funding sources may be available to cover these costs. For more information, see “[Allowable Costs](#)” in section 1.

The school nutrition program is not required to pay for other servings of special foods or nutrition supplements throughout the school day **outside of school meals**, unless specified in the child’s IEP. For more information, see “[Meal Services Outside of the USDA Meal Programs](#)” on the previous page.

If the IEP includes special foods or nutrition supplements outside of the normal school meal periods, the **school district administration** is responsible for providing them and allocating the cost of making these accommodations. Table 1 shows the criteria that require schools to provide special foods or nutrition supplements for children with disabilities.



Table 1. Criteria Requiring Special Foods for Children with Disabilities

Scenario	Are Special Foods Required?
<p>CHILD HAS DISABILITY BUT NO IEP</p> <p>A recognized medical authority’s 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.</p> <p>Is the school nutrition program required to provide and pay for all six servings?</p>	<p>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 school nutrition program must provide and pay for the nutrition supplements as part of any reimbursable meal service provided by the school.</p> <p>For example, if the school participates in the SBP and the NSLP, the school nutrition program 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 school nutrition program 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 reimbursable meal service.</p>
<p>CHILD HAS DISABILITY AND IEP</p> <p>A recognized medical authority’s 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 information.</p> <p>Is the school nutrition program required to provide and pay for all three servings?</p>	<p>It depends on when the food or supplement is required and how the district allocates the cost. Since the child has an IEP, the school district or institution must make the specified accommodations at no cost to the family, as part of school meals and outside of school meals. The school nutrition program is required to provide and pay for the special food or nutrition supplement as part of the regular reimbursable meal service in all USDA school nutrition programs available at the school.</p> <p>If the special food or nutrition supplement is required at times outside of the USDA reimbursable meals, the cost may be charged to the school nutrition program or to other district funding sources. While this is an allowable cost to the school food service program, there may also 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 school district. For more information, see “Allowable Costs” in section 1.</p>

NUTRITION INFORMATION

The USDA considers providing nutrition information for foods served in school meals to be a component of “reasonable” accommodations for special diets. **The school nutrition program is responsible for making nutrition information for school meals available to students, families, school nurses and others as needed.** For example, a reasonable accommodation is maintaining a binder of nutrition labels in the school cafeteria or district food service office that families can review. This enables families, in consultation with medical professionals, to determine the appropriate meals for their child’s specific dietary concerns.

Everyone involved in planning and providing for the student’s meals at school shares responsibility for ensuring that the student’s needs are “reasonably” accommodated. This includes parents/guardians, school nurses, medical professionals, school administrators and school food service personnel.

It is important to have good communication between the school and the student and their family. When families require nutrition information for school meals, the CSDE recommends providing a monthly menu several weeks in advance. This enables families to determine which meals their child will be eating and allows sufficient time for the food service program to gather nutrition information for the selected meals to share with the student, family and school nurse.



CARBOHYDRATE COUNTS

The school district is responsible for providing a carbohydrate count to the family of a diabetic child for each food item served in **one daily reimbursable meal choice**. If the daily menu includes multiple meal choices, the school is not required to provide carbohydrate counts for each meal.

The food service program is responsible for providing information on the initial weights or measures of the planned food for the chosen meal. However, school food service personnel 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 USDA specifies that school food service staff can never diagnose health conditions, perform nutritional assessment, prescribe nutritional requirements, or interpret, revise or change a diet order. If school food service personnel have questions about a child’s diet order, prescribed meal substitutions or any other required modifications, they should consult the appropriate medical personnel who work with the child, such as the school nurse and the child’s physician or registered dietitian.

For resources on diabetes, see “Diabetes” in the [Special Diets](#) section of the CSDE’s [Nutrition Resources](#) list.

CELIAC DISEASE

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.

Children with celiac disease do not qualify as disabled under either Section 504 or the IDEA. However, the USDA considers celiac disease to be a disability. The school nutrition program must make dietary accommodations for children with celiac disease if the child's family provides a *Medical Statement for Children with Disabilities* form signed by a recognized medical authority.

The treatment for celiac disease is to avoid all foods that contain gluten, including wheat, rye, barley, and any foods made with these grains. School nutrition programs must follow the specific dietary requirements indicated in each individual child's medical statement.

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;
- breakfast cereals;
- crackers and snacks, e.g., pretzels, snack mix, pita chips and croutons;
- seasoned snack foods, e.g., potato and tortilla chips;
- processed luncheon meats;
- soups and soup bases; and
- salad dressings and sauces, including soy sauce.

Table 2 shows examples of foods to avoid and allow with celiac disease. For more information and resources, see "Celiac Disease" in the [Special Diets](#) section of the CSDE's [Nutrition Resources](#) list.



Table 2. Examples of Foods to Avoid and Allow with Celiac Disease

This chart provides general guidance on foods with and without gluten. When making dietary accommodations for children with celiac disease, CACFP facilities must follow the specific dietary requirements prescribed by the recognized medical authority in each individual child’s medical statement.

AVOID	ALLOW *
<ul style="list-style-type: none"> ■ Barley (malt, malt flavoring and malt vinegar are usually made from barley) ■ Rye ■ Triticale (a cross between wheat and rye) ■ Wheat <ul style="list-style-type: none"> ● 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 	<ul style="list-style-type: none"> ■ 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 <ul style="list-style-type: none"> ● Amaranth ● Arrowroot ● Buckwheat ● Corn flour and cornmeal ● Flax ● Gluten-free flours (rice, soy, corn, potato, bean) ● Hominy (corn) ● Millet ● Oats ** ● Quinoa ● Rice ● Sorghum ● Soy ● Tapioca ● Teff

* If not processed or mixed with gluten-containing grains, additives or preservatives.

** Must be labeled “gluten-free.” Pure oats are a gluten-free food, but most commercially processed oats have been contaminated during the growing, harvesting or processing stages.

GLUTEN SENSITIVITY

Gluten sensitivity is a condition with symptoms similar to those of celiac disease that improve when gluten is eliminated from the diet. Individuals who have been 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.



If a recognized medical authority has determined that gluten sensitivity is a disability for a particular child, the school nutrition program must make the appropriate dietary accommodations. The child's family must provide the *Medical Statement for Children with Disabilities* form signed by a recognized medical authority.

AUTISM

Schools must provide substitutions or modifications in meals when a child's disability restricts their diet. Having an autism diagnosis does not automatically qualify a child for meal accommodations. Children with autism may not have a medical dietary condition. However, a child's autism sometimes results in food behaviors and preferences that require specific dietary accommodations.

For some autistic children, it is reasonable to view the autism diagnosis as a dietary restriction that is part of their disability. In this case, the school nutrition program must make the appropriate dietary accommodations specified by the recognized medical authority on the *Medical Statement for Children with Disabilities* form.

Schools must review each child's situation on a case-by-case basis, as one child's autism diagnosis may not have the same issue in another child's autism diagnosis. Table 3 provides some examples.

Table 3. Examples of Dietary Accommodations for Children with Autism

<p>SCENARIO 1 AVERSION TO FRUITS AND VEGETABLES</p> <p>For a reimbursable meal in the NSLP and SBP, students must take at least ½ cup of fruits or vegetables with their meal. An autistic girl has an aversion to fruits and vegetables. This results in behavioral issues when food service staff encourage her to take a fruit or vegetable. The school wants the child's IEP to indicate that she is not required to take a fruit or vegetable for a reimbursable meal.</p> <p>Does the IEP supersede the USDA meal requirements and allow the school food service program to claim a reimbursable meal without a fruit or vegetable?</p>	<p>Yes. The ADA Amendments Act of 2008 greatly expanded the concept of who is disabled. It states that a disability must be viewed more broadly to encompass more impairments that limit a major life activity and therefore require an accommodation. This child's condition, autism, meets the requirement for an accommodation under the ADA, the Rehabilitation Act and USDA's nondiscrimination regulations.</p> <p>If a medical statement signed by a recognized medical authority supports the elimination of the fruit and vegetable components, the school can claim the meal for reimbursement. The medical statement can be included as part of the child's IEP, and must identify:</p> <ul style="list-style-type: none"> • the child's disability and an explanation of why the disability restrict the child's diet; • the major life activity affected by the disability; and • the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted (if applicable). <p>It would be beneficial for the school to consult with the child's parents or physician 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 pertaining to the child's condition to better meet his/her nutrition needs. This information will also assist the menu planner.</p>
<p>SCENARIO 2 PREFERENCE FOR HEATED FOOD</p> <p>An autistic child has a personal food preference for heated food but does not have a specific dietary medical disability related to the 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.</p> <p>Is the school food service program required to heat the child's food?</p>	<p>No. Heating foods sent from home in a food service establishment is a food safety issue governed by state regulations. Connecticut Public Health Code (PHC) 19-13-B42 requires that all foods and drinks served in food service establishments must be from an approved source. Foods provided from a private home have not originated from an approved source. School nutrition programs cannot accept foods from unregulated sources, including foods from home or foods purchased by parents off school premises. For more information, see "Family-provided Foods" in section 4.</p> <p>NOTE: The school district (not the school food service program) <i>could</i> be required to provide a microwave and reheat a child's food from home. This depends on the specific nature of the child's disability, and whether the child requires heated food because of the disability. Schools must examine each child's disability and special dietary needs on a case-by-case basis. Blanket district policies are not appropriate. Schools should conduct an individualized review of each child to consider their disability and medical information, and whether the accommodation is necessary to access education. If the school has medical documentation stating that the child's condition is such that he/she cannot eat their food unless it is warmed, the school district (not the school food service program) may need to make this accommodation. In this case, PHC 19-13-B42 still prohibits the school food service program from accepting foods that are not from approved sources.</p>

MILK SUBSTITUTIONS

For students with a medically documented disability that requires a milk substitution, schools must make the accommodations specified on a medical statement signed by a recognized medical authority. The medical statement must indicate:

- the child’s disability and an explanation of why the disability restricts the child’s diet;
- the major life activity affected by the disability; and
- the specific milk to be omitted from the child’s diet and the specific type of milk (e.g., fat content) or nondairy milk (e.g., soy or rice milk) that must be substituted.

Fat Content

The USDA requires that the NSLP, SBP and ASP serve only low-fat (1%) unflavored or fat-free unflavored or flavored milk. In the SMP, milk must be low-fat but the requirement that flavored milk must be fat-free does not apply. However, if a SMP operator chooses to offer flavored milk, the USDA recommends that it is fat-free to be consistent with the final rule on school meals.

School nutrition programs cannot serve whole or reduced-fat (2%) milk unless a child has a medically documented disability that requires whole or reduced-fat milk. The school nutrition program must make this accommodation if the child’s family provides a *Medical Statement for Children with Disabilities* signed by a recognized medical authority.

Nondairy Milk Substitutes

For students with a medically documented disability that requires a milk alternative such as soy milk, the school nutrition program must make the substitution if the child’s family provides a *Medical Statement for Children with Disabilities* signed by a recognized medical authority. Nondairy milk substitutes for children with disabilities are not required to follow the USDA nutrition standards for milk substitutes. A summary of the USDA nutrition standards for milk substitutes is available in [table 4](#) (see section 3).



APPROPRIATE EATING AREAS

Federal civil rights legislation, including Section 504 of the Rehabilitation Act of 1973, the IDEA and Title II of the ADA, requires that in providing or arranging for the provision of nonacademic services and extracurricular activities, including meals, **school districts must ensure that students with disabilities participate with nondisabled students to the maximum extent appropriate to the needs of students with disabilities.** This provides children with disabilities the opportunity to interact with and learn from children without disabilities.

In rare instances, however, a child may benefit from being served separately. For instance, a child with severe motor disabilities may be able to receive individualized attention in handling eating utensils if a special education staff member is able to work with them outside the cafeteria. However, in all cases, the decision to feed disabled children separately must always be based on what is appropriate to meet the needs of the children. Schools cannot segregate children with disabilities from the regular meal service based on the convenience of the school or other children.





3 — MODIFICATIONS FOR CHILDREN WITHOUT DISABILITIES

Schools can choose to make substitutions or modifications for a child without disabilities but with other special dietary needs if the child’s family provides a *Medical Statement for Children without Disabilities* form signed by a recognized medical authority. For more information, see “[Definition of Recognized Medical Authority](#)” in section 1.

The medical statement must include all required information before the school nutrition program can make any meal modifications or substitutions for children without disabilities. This ensures that the modified meal is reimbursable, and any meal modifications meet nutrition standards that are medically appropriate for the child.

MEDICAL STATEMENT FOR CHILDREN WITHOUT DISABILITIES

The CSDE’s *Medical Statement for Children without Disabilities* form assists school nutrition programs in collecting the required information to make dietary accommodations in meals for children without disabilities. If schools use an alternate form, it must contain the same information specified in the CSDE’s form, including:

- an identification of the medical or other special dietary need that restricts the child’s diet; and
- the food or foods to be omitted from the child’s diet and the food or choice of foods that may be substituted.

Examples of conditions that might require the *Medical Statement for Children without Disabilities* include:

- food allergies that are not life threatening;
- food intolerances;
- overweight (not morbidly obese); and
- elevated blood cholesterol.

These examples of medical conditions are not all-inclusive and may not require special dietary accommodations for all children. Schools must review each child’s situation on a case-by-case basis.



Schools must base all dietary accommodations for children without disabilities on a medical statement from a recognized medical authority. Under no circumstances should school food service personnel diagnose health conditions, perform nutritional assessment, prescribe nutritional requirements or interpret, revise or change a diet order from a recognized medical authority.

MEAL PATTERN SUBSTITUTIONS FOR FOOD ALLERGIES

A food allergy is a hypersensitivity from an abnormal response of the body’s immune system to food or food additives that the body would otherwise consider harmless. A food intolerance is an adverse food-induced reaction, such as lactose intolerance, that does not involve the body’s immune system.

If a recognized medical authority determines the food allergy is severe enough to result in a life-threatening reaction (anaphylactic reaction), the child’s condition meets the USDA’s definition of “disability” and the school nutrition program must make the prescribed substitutions. The child’s family must provide the *Medical Statement for Children with Disabilities* form signed by a recognized medical authority. For more information, see “[Meal Pattern Substitutions for Other Severe Medical Conditions](#)” in this section.

Children with food allergies that are not life threatening do not have a disability. The school nutrition program may choose to make meal pattern substitutions for these children, but is not required to do so. The child’s family must provide the *Medical Statement for Children without Disabilities* form signed by a recognized medical authority.

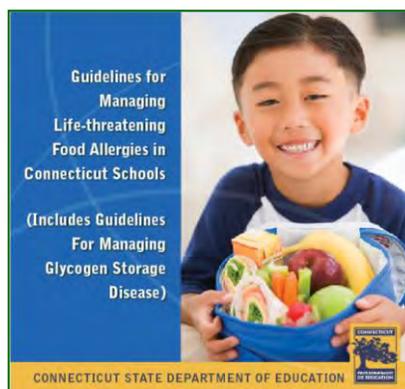
For more information on managing food allergies in school, see the CSDE’s [Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools](#), and “Food Allergies” in the [Special Diets](#) section of the CSDE’s [Nutrition Resources](#) list.

STATE REQUIREMENT FOR FOOD ALLERGY MANAGEMENT PLAN

School nutrition programs in public schools should be familiar with their district’s food allergy management plan, and implement procedures that are consistent with that 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 law also specifies that schools should:

- base the 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.

For more information, see “[State Legislation](#)” in section 1.



MEAL PATTERN SUBSTITUTIONS FOR OTHER SEVERE MEDICAL CONDITIONS

When a recognized medical authority determines a child’s severe medical condition requires specific dietary modifications, the school nutrition program must make the prescribed substitutions even if the child does not have a disability under Section 504 or the IDEA. It is important to note that there is a distinction between the definition of “disability” for the purposes of Section 504 and IDEA, and for the purposes of food substitutions under the USDA requirements for school meals. If a recognized medical authority determines that a child has a severe medical need requiring meal accommodations, the USDA requires the school nutrition program to provide the meal accommodations even if:

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

In both cases, a recognized medical authority must complete the *Medical Statement for Children with Disabilities* form. Children who meet either of the above criteria will have an IHCP and may have an ECP, depending on their medical condition. The examples below illustrate these scenarios.

- A child with a life-threatening tree nut allergy has an IHCP. Since the family did not seek accommodations under Section 504, the school did not hold a Section 504 meeting or develop a Section 504 plan. The child’s physician signed a *Medical Statement for Children with Disabilities* form indicating that the child’s allergy is life threatening and all tree nuts must be avoided. Since the physician has determined that the child’s allergy is life threatening, the school nutrition program must make the accommodations specified on the medical statement, i.e., avoidance of all tree nuts.
- A child has cardiac disease and is on a low-fat and low-sodium diet. The Section 504 meeting determined that there is no impact on a major life function so the child does not qualify for a disability under Section 504. The child’s physician signed a *Medical Statement for Children with Disabilities* form indicating that the child’s condition is severe enough to be a disability. The school nutrition program must make the accommodations specified on the medical statement, i.e., low-fat and low-sodium diet.

For more information, see [“Other Considerations”](#) and [“Exceptions to Optional Accommodations for Nondisabled Children”](#) in section 1.

MEAL PATTERN SUBSTITUTIONS FOR FLUID MILK

The USDA requirements for fluid milk substitutions seek to ensure that nondisabled children who are provided a substitute for cow’s milk for cultural, ethnic, religious or medical reasons receive the important nutrients found in milk. The USDA requires that nondairy beverages offered as fluid milk substitutes must be nutritionally equivalent to fluid milk, and provide specific levels of calcium, protein, vitamins A and D, magnesium, phosphorus, potassium, riboflavin and vitamin B₁₂.



Schools have the **option** of providing nondairy beverages for children without disabilities who cannot consume fluid milk due to medical or other special dietary needs. These substitutions are at the expense of the school food service program. If served, nondairy beverages must be nutritionally equivalent to cow’s milk and meet the USDA nutrition standards for fluid milk substitutes in table 4.

Table 4. USDA Nutrition Standards for Milk Substitutes

Nutrients per Cup (8 fluid ounces)		
Calcium: 276 milligrams (mg)	Vitamin D: 100 IU	Potassium: 349 mg
Protein: 8 grams (g)	Magnesium: 24 mg	Riboflavin: .44 mg
Vitamin: A 500 international units (IU)	Phosphorus: 222 mg	Vitamin B ₁₂ : 1.1 micrograms (mcg)

If the school nutrition program chooses to provide nondairy beverages as fluid milk substitutions, they must meet the criteria below for documentation and allowable substitutions. [Table 5](#) shows examples of acceptable and unacceptable milk substitutions for reimbursable school meals.

Required Documentation

Parents/guardians may request a nondairy milk substitute in writing without providing a medical statement signed by a recognized medical authority. For example, if a parent has a child who follows a vegetarian diet, the parent can submit a written request to the school asking that soy milk be served instead of cow’s milk. The written request must identify the medical or other special dietary need that restricts the child’s diet. The soy milk offered by the school must meet the USDA nutrition standards for fluid milk substitutes. The school must maintain all parent/guardian requests on file.

The provision allowing a statement from parents/guardians applies only to milk substitutions for children without disabilities. It does not apply to any other substitutions of foods or beverages for nondisabled children. A statement from a recognized medical authority is still required for any meal variations, other than milk substitutions, for nondisabled children with medical or other special dietary needs. Dietary accommodations for children with disabilities must follow the requirements specified in section 2.

All other meal pattern substitutions for vegetarian diets must meet the USDA requirements for reimbursable meals. For more information, see [“Meal Pattern Substitutions for Vegetarians”](#) in section 4.

While schools may allow students to purchase soy milk a la carte, soy milk cannot be substituted for regular milk in a reimbursable meal unless the student's parent/guardian has provided a written request. If a school serves soy milk in the milk cooler and a student takes it in place of regular milk with the reimbursable meal, the soy milk cannot be counted as the USDA meal pattern component for fluid milk without a parent/guardian request on file.

Variety of Substitutions

The school nutrition program may choose to provide as many or as few types of milk substitutions for children without documented medical disabilities. If the school nutrition program offers more than one substitution, all parents/guardians must be made aware of the options and be allowed to choose one. For a meal to be claimed for reimbursement, all options provided by the school nutrition program must be low-fat (1%) unflavored or fat-free unflavored or flavored lactose-reduced or lactose-free milk, or a nondairy beverage that meets the USDA nutrition standards for fluid milk substitutions (see [table 3](#)).

Availability of Substitutions

If the school nutrition program chooses to make allowable milk substitutions available, they must be available for all children when requested by their parent/guardian. If the school nutrition program grants a parent's request for any substitution, then all requests for that substitution must be granted. For example, if the school nutrition program chooses to provide soy milk at a parent's request, then soy milk must be available to all children whose parents/guardians make any request for fluid milk substitutions. All soy milk products must meet the USDA's nutrition standards for fluid milk substitutions (see [table 4](#)).

Acceptable Nondairy Beverages

In addition to meeting the USDA nutrition standards, any nondairy milk substitutes used in school meals must meet the state statutory beverage requirements. [Section 10-221q](#) of the Connecticut General Statutes specifies that nondairy milk substitutes may be flavored but contain no artificial sweeteners, no more than 4 grams of sugars per ounce, no more than 35 percent of calories from fat and no more than 10 percent of calories from saturated fat. Schools cannot serve nondairy milk substitutes as part of reimbursable meals unless they meet both federal and state standards. Products on the CSDE's *List of Acceptable Foods and Beverages* (List 17) meet federal and state requirements.

It is important to note that schools cannot use the product's Nutrition Facts label to determine compliance with the USDA nutrition standards for fluid milk substitutes. The Nutrition Facts label does not include all of the nutrients addressed by the USDA nutrition standards for fluid milk substitutes. Schools can only determine this information by obtaining a product specification sheet from the manufacturer.

However, schools can use the USDA protein standard to screen nondairy products and determine whether they might meet the USDA nutrition standards. The USDA requires that

fluid milk substitutes contain 8 grams of protein per cup (8 fluid ounces).

- If the product’s Nutrition Facts label lists less than 8 grams of protein, the product does not meet the USDA’s nutrition standards.
- If the product’s Nutrition Facts label lists at least 8 grams of protein, schools must obtain additional information from the manufacturer to determine if the product also complies with the other USDA nutrition standards. Schools are encouraged to submit this information to the CSDE so that new nondairy products can be added to the CSDE’s *List of Acceptable Foods and Beverages*.

For more information, see the CSDE’s handout, *Allowable Milk Substitutions for Nondisabled Children in the U.S. Department of Agriculture School Nutrition Programs*.

Lactose-reduced and Lactose-free Milk

Lactose-reduced and lactose-free milk are creditable as the milk component for reimbursable meals in the USDA Child Nutrition Programs. Schools can substitute low-fat (1%) unflavored and fat-free unflavored or flavored lactose-reduced and lactose-free milk for regular milk without a written statement from a parent/guardian. The CSDE encourages schools to make lactose-reduced or lactose-free milk available to children as needed.



Lactose-reduced milk has part of the lactose removed, and lactose-free milk has all of the lactose removed. Like regular milk, these milks come in a variety of flavors and fat contents, such as fat-free (skim), low fat and whole. If served, lactose-reduced and lactose-free milk must be low-fat (1%) unflavored or fat-free unflavored or flavored to meet the fat requirements for fluid milk in the USDA school nutrition programs.

Schools cannot charge more for a reimbursable meal containing lactose-free milk or lactose-reduced milk, but schools can sell these milks a la carte for a higher price than regular milk. As with any a la carte item, the price charged to students should reflect the actual cost of the item plus an amount determined by the district’s formula for a la carte pricing.

Juice and Water Substitutes

Schools cannot offer juice and water as milk substitutes for nondisabled children at any time. If a school nutrition program chooses to make milk substitutions available, they must include at least one of the following:

- low-fat (1%) unflavored lactose-reduced or lactose-free milk;
- fat-free unflavored or flavored lactose-reduced or lactose-free milk; or
- a nondairy beverage (such as soy milk) that meets the USDA nutrition standards for milk substitutes. For more information, see “USDA Nutrition Standards for Milk Substitutes” in this section.

These are the only options allowed for milk substitutions.

Table 5. Milk Substitutions for Children without Disabilities

Scenario	Is this an allowable milk substitution?
The school offers whole milk or reduced-fat (2%) milk.	No. The USDA requires that schools serve only low-fat (1%) unflavored and fat-free unflavored or flavored milk. The USDA requirements for school meals do not allow whole milk or reduced-fat (2%) milk.
The school offers low-fat unflavored lactose-free or lactose-reduced milk.	Yes. The USDA requirements for school meals allow low-fat (1%) unflavored milk including lactose-free and lactose-reduced milk.
The school offers low-fat flavored lactose-free or lactose-reduced milk.	No. The USDA requirements for school meals specify that low-fat (1%) milk must be unflavored , including lactose-free and lactose-reduced milk.
The school offers fat-free unflavored lactose-free or lactose-reduced milk.	Yes. The USDA requirements for school meals allow fat-free unflavored milk including lactose-free and lactose-reduced milk.
The school offers fat-free flavored lactose-free or lactose-reduced milk.	Yes. The USDA requirements for school meals allow fat-free flavored milk including lactose-free and lactose-reduced milk.
The school offers a nondairy milk substitute that does not meet the USDA nutrition standards.	No. All nondairy milk substitutes must meet the USDA nutrition standards. *
The school offers a nondairy milk substitute that meets the USDA nutrition standards.	Yes. Meals with nondairy milk substitutes that meet the USDA nutrition standards are reimbursable. *
The school offers juice instead of milk.	No. Schools can never offer juice as a milk substitute. All substitutions must be either low-fat (1%) unflavored or fat-free unflavored or flavored lactose-free/lactose-reduced milk or a nondairy milk substitute that meets the USDA nutrition standards for milk substitutes. *
The school offers water instead of milk.	No. Schools can never offer water as a milk substitute. All substitutions must be either low-fat (1%) unflavored or fat-free unflavored or flavored lactose-free/lactose-reduced milk or a nondairy milk substitute that meets the USDA nutrition standards for milk substitutes. *
* For more information on the USDA nutrition standards for milk substitutes, see table 4 in this section.	



4 — DIETARY ACCOMMODATIONS FOR OTHER REASONS

This section addresses meal pattern substitutions for reasons other than medical needs, including religion and personal food preferences. With the exception of sponsors of Jewish and Seventh-day Adventist institutions, school nutrition programs are not required to make accommodations for individual food preferences such as religion and vegetarianism.

MEAL PATTERN SUBSTITUTIONS FOR RELIGIOUS REASONS

The USDA has granted institutions exemptions from the meal pattern requirements when evidence shows that the variations are nutritionally sound and necessary to meet ethnic, religious, economic or physical needs. USDA exemptions include sponsors of Jewish and Seventh-day Adventist institutions.

The USDA grants these exemptions for **entities** (schools, institutions and sponsors) not individuals. Schools may choose to address the needs of individuals by substituting different food items within the same component category of the USDA meal patterns. For example, a child who does not eat pork for religious reasons could be served another meat/meat alternate (such as cheese, yogurt or peanut butter), and still be provided a reimbursable meal.



A summary of the USDA provisions for Jewish and Seventh-day Adventist institutions follows.

4 | OTHER DIETARY ACCOMMODATIONS

Jewish Sponsors

During the religious observance of Passover, Jewish institutions are exempt from the whole grain-rich (WGR) requirement of USDA regulations. Jewish institutions may substitute unenriched matzo for WGR products only during that period. At all other times of the year, matzo served as a grain component must be WGR or whole grain.

The USDA also allows flexibilities for Jewish institutions regarding the meal pattern requirement that milk must be offered 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 offer versus serve (OVS).

- 1 Serve an equal amount of nondairy milk substitute (for medical or special dietary needs) that is nutritionally equivalent to fluid milk. For more information on the USDA nutrition standards for milk substitutes, see [table 4](#).
- 2 Serve an equal amount of full-strength juice in place of milk with lunch or supper. When substituting juice for milk, juice cannot contribute to the fruits or vegetables requirements.
 - Schools operating five days per week may substitute juice for milk twice per week for lunches and twice for suppers, but no more than once each day.
 - Schools operating seven days per week may make three substitutions per week for lunches and three for suppers, but no more than one 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 snack's juice component at breakfast, lunch or supper, and serve the corresponding meal's milk component as part of the snack.



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

Jewish Dietary Laws also pose challenges to serving the dark green vegetable subgroup required in the NSLP. 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 American 2010* indicates that the American diet does not include a sufficient amount of these two subgroups.

Jewish institutions have the discretion to select one of the above options as an alternative to standard regulatory meal requirements. **For review and audit purposes, institutions electing to use the options must inform the CSDE in writing prior to implementation, and must maintain a record of which option they have chosen.** For information on contacting the CSDE, see “[CSDE Contact Information](#)” at the beginning of this guide.

Seventh-day Adventist Sponsors

Seventh-day Adventist institutions, like all other schools, may use alternate protein products (APP) such as vegetable burgers and other meatless entree items to meet the meat/meat alternate requirements. The USDA allows the use of APP to provide more flexibility in menu planning. APP include both vegetable protein sources (e.g., isolated soy protein, soy protein concentrate and soy flour) and nonvegetable-based protein sources (e.g., fruit puree and whey protein).



The USDA regulations allow APP to credit for part or all of the meat/meat alternate requirement, if the following criteria are met:

1. The APP is processed so that some portion of the nonprotein constituents of the food is removed. (This refers to the manufacturing process for APP.) AAP 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 that of casein (milk protein), determined by performing a Protein Digestibility Corrected Amino Acid Score (PDCAAS).
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 this information by reading the product’s label. The USDA’s Food Safety Inspection Service (FSIS) and the Food and Drug Administration’s (FDA) labeling laws require manufacturers to list product ingredients, but percent labeling is voluntary. For example, a product may list whey protein concentrate and hydrolyzed soy protein but will not indicate the percentage of these protein ingredients by weight.

Consequently, schools are responsible for obtaining documentation from the manufacturer for any APP used to meet the requirements of the meat/meat alternate component.

The manufacturer can provide documentation of the above criteria in a variety of forms, such as a product specification sheet or a letter signed by a company official attesting the product meets the USDA requirements. Products that are Child Nutrition (CN) labeled provide information on how schools can credit APP foods toward the meal pattern.

For more information on crediting APP, see section 2 of the CSDE’s [Menu Planning Guide for School Meals](#).

MEAL PATTERN SUBSTITUTIONS FOR VEGETARIANS

With the exception of Seventh-day Adventist sponsors, vegetarianism does not qualify for a meal pattern substitution. To receive USDA reimbursement, meals and snacks served to vegetarian children must include all required meal pattern components and meet the dietary specifications. Schools are encouraged to work with families to provide foods that children can eat, while considering cost constraints and program logistics such as food service production capabilities.

With multiple lunch choices and offer versus serve (OVS), school nutrition programs can easily accommodate the preferences of vegetarian children. OVS allows children to decline a specific number of meal pattern components at breakfast and lunch (except for at least ½ cup of fruit or vegetable), while still receiving a reimbursable meal.

Schools can offer a variety of vegetarian choices each week, such as macaroni and cheese, spaghetti with tomato sauce and cheese wedge, cheese pizza, vegetable bean soup, chili, grilled cheese sandwiches, meatless lasagna, bean tacos and bean burritos. Schools may also incorporate a variety of vegetable-based entree products, such as meatless hotdogs and vegetable burgers if they meet the specified criteria for APP. For more information, see “[Seventh-day Adventist Sponsors](#)” in this section, and “[Alternate Protein Products and Vegetable Protein Products](#)” in section 2 of the CSDE’s *Menu Planning Guide for School Meals*.

If the menu includes only one lunch choice, schools can choose to offer vegetarian children a different food item from the same meal component category. For example, schools could allow a vegetarian child to substitute a grilled cheese sandwich (meat/meat alternates and grains components) for a hamburger (meat/meat alternates component) on a whole-grain bun (grains component).

Offer versus serve (OVS) is a concept that applies to menu planning and the determination of reimbursable school meals in the NSLP and SBP. OVS does not apply to the Afterschool Snack Program or Special Milk Program. OVS allows students to decline a certain number of food components in the meal (except for at least ½ cup of fruit or vegetable), reducing food waste and food costs, and allowing students to select the foods they prefer to eat. At lunch, OVS must be implemented in senior high schools but is optional for all other grades. At breakfast, OVS is optional for all grade levels. Schools that choose to implement OVS can provide significantly more flexibility in meeting students’ dietary preferences. For more information on OVS, see the CSDE’s [OVS](#) Web page.



MEAL PATTERN SUBSTITUTIONS FOR PERSONAL PREFERENCES

USDA regulations do not require school nutrition programs to make modifications to meals based on food choices or the personal preferences of a family or child. Schools can choose to accommodate children's personal food preferences on an individual basis but are not required to do so. **Any meals with accommodations for personal food preferences must comply with the USDA meal pattern requirements and dietary specifications or they are not reimbursable.**

The CSDE encourages schools to offer a variety of menu options for students. As with vegetarian meals, OVS allows flexibility in accommodating students' personal food preferences.

MEAL PATTERN SUBSTITUTIONS WITH VENDED MEALS

Schools are always required to ensure that any benefits available to the general school population are equally available to children with disabilities. Consequently, the school nutrition program must make accommodations for children with disabilities regardless of whether the school district operates the food service program or contracts with a food service management company.

When a food service management company operates the school nutrition program or the school district obtains meals from a vendor, the school district must address the issue of meal pattern substitutions. The CSDE recommends that the contract developed with the vendor specifies the school district's requirements for meal pattern substitutions. Schools that do not have any need for special dietary accommodations at the time a bid is prepared should still include sufficient information in the bid to ensure that the vendor is aware that dietary accommodations may be required during the term of the contract.



FAMILY-PROVIDED FOODS

The regulations of [Connecticut Public Health Code \(PHC\) 19-13-B42](#) for food service establishments require that all food and drink must be from an **approved source**. School food service programs sometimes receive requests to store, heat and serve food items that families purchase off school premises, and send in for their child's consumption. School nutrition programs should not accept any foods from home (including packaged foods) for food service personnel to either:

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

The Connecticut State Department of Public Health (DPH) has advised 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. **School food service directors should not accept for service any food from an unregulated source, including foods from home or foods purchased by parents/guardians off school premises.**



The food service department cannot ensure the safety of food brought from home from either potential food allergens or microbial contamination. Schools face potential liability issues if they serve foods to students that have not been:

- directly received from a regulated source, such as an approved food service vendor; or
- stored, cooked and served by trained school food service personnel in the cafeteria under the direction of a qualified food operator (QFO).

Connecticut PHC Section 19-13-B42(s)(4) requires at least one QFO, who is in a supervisory position, and a designated alternate person to be in charge at all times when the QFO cannot be present, in each food service establishment that prepares and/or serves exposed potentially hazardous foods prepared using hot processes. Each local health jurisdiction is responsible for classifying its local food service establishments.

A **QFO** is a food service professional in a full-time supervisory capacity on site who has demonstrated knowledge in the safe preparation and service of food, as defined by DPH regulations. The QFO's responsibilities include operating the food service establishment in compliance with all the provisions of Public Health Code 19-13-B42; training food preparation personnel in safe food preparation practices; maintaining written documentation of training; and directing and inspecting the performance of food service workers. For more information on the QFO requirement, see the CSDE's handout, [Qualified Food Operator \(QFO\) Responsibilities for Connecticut Child Nutrition Programs](#).

5 — RESOURCES

This section includes links to federal and state regulations, policy memoranda, Web sites and the CSDE's guides, resource lists, forms and handouts.

CSDE FORMS AND HANDOUTS

Allowable Milk Substitutions for Nondisabled Children in the U.S. Department of Agriculture School Nutrition Programs

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/nslp/crediting/milk_sub.pdf

Medical Statement for Children with Disabilities

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sdn/medicaldis_snp.pdf (PDF Version)

www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/sdn/medicaldis_snp.doc (Word Version)

Medical Statement for Children without Disabilities

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sdn/medical_snp.pdf (PDF Version)

www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/sdn/medical_snp.doc (Word Version)

Qualified Food Operator (QFO) Responsibilities for Connecticut Child Nutrition Programs

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/fs/qfo.pdf

Self-assessment of District Practices for Accommodating Special Dietary Needs in School Nutrition Programs

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sdn/spdietassess.pdf

Summary of Requirements for Special Dietary Accommodations in School Nutrition Programs

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sdn/spdietchart.pdf

All forms and handouts are available on the CSDE's [Special Diets](#) Web site.

CSDE GUIDES

Accommodating Special Dietary Needs in School Nutrition Programs

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333730

Afterschool Snack Program Handbook

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/snack/asphandbook.pdf

Guidelines for Feeding and Swallowing Programs in Schools

www.sde.ct.gov/sde/lib/sde/pdf/deps/special/feeding_and_swallowing.pdf

Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools

www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=334632

Menu Planning Guide for School Meals

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=334320

CSDE RESOURCE LISTS

The CSDE resource lists are available on the CSDE's [Resources for School Nutrition Programs](http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333786) Web page at www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333786.

Nutrition Resources: This list contains online resources related to nutrition guidelines and information, menu planning and food production, special diets, food safety and the USDA Child Nutrition Programs.

Healthy School Environment Resources: This list contains online resources to assist USDA programs with promoting healthy eating and physical activity.

WEB SITES

Afterschool Snack Program (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320648

Afterschool Snack Program (USDA):

www.fns.usda.gov/school-meals/afterschool-snacks

Americans with Disabilities Act:

www.ada.gov/

Beverage Requirements (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322418

Certification of Meal Pattern Compliance (USDA):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=334232

Child Nutrition (CN) Labeling (USDA):

www.fns.usda.gov/cnd/cnlabeling/default.htm

Child Nutrition Programs (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&Q=320670

Connecticut Department of Public Health Food Protection Program:

www.ct.gov/dph/cwp/view.asp?a=3140&q=387486

Connecticut Nutrition Standards (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=322422

Crediting Foods (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333796

Health Promotion Services/School Nurse (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320768&sdePNavCtr=|45534|#45539

Healthy Food Certification (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322420

Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296):

www.fns.usda.gov/cnd/governance/legislation/CNR_2010.htm

Individuals with Disabilities Education Act:

<http://idea.ed.gov/>

List of Acceptable Foods and Beverages (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=322432

Meal Pattern Training Materials (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333806

Meal Patterns (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333770

Meal Patterns for Four-Day Week (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=334318

Meal Patterns for Residential Child Care Institutions (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=334100

Menu Planning (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333780

National School Lunch Program (NSLP) (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320678

National School Lunch Program (NSLP) (USDA):

www.fns.usda.gov/cnd/lunch/

Nutrition Education Resources (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=333798

Nutrition Standards for School Meals (USDA):

www.fns.usda.gov/cnd/Governance/Legislation/nutritionstandards.htm

Operational Memos for School Nutrition Programs (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322550

Policies on Special Diets (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333750

Policy Memos for the NSLP (USDA):

www.fns.usda.gov/nslp/policy

Production Records (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320672

Program Guidance for School Nutrition Programs (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320674

Regulations for School Meals (USDA):

www.fns.usda.gov/cnd/governance/regulations.htm

School Breakfast Program (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320662

School Foods and Beverages (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=322416

School Wellness Policies (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=322438

Special Diets (CSDE):

www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333730

U.S. Department of Education Office of Special Education Programs:

www.ed.gov/about/offices/list/osers/osep/index.html

USDA Policy Memoranda for School Meals (USDA):
www.fns.usda.gov/cnd/governance/policy.htm

USDA REGULATIONS AND POLICY

Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff. U.S. Department of Agriculture, Revised Fall 2001.
www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf

Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (Public Law 110-325). September 25, 2008. www.ada.gov/pubs/ada.htm

Child Nutrition Reauthorization 2010: Nutrition Requirements for Fluid Milk (SP 29-2011). U.S. Department of Agriculture, April 14, 2011. www.fns.usda.gov/nutrition-requirements-fluid-milk

Code of Federal Regulations 7CFR15b.3 Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving Federal Financial Assistance. Revised January 1, 2003.
http://edocket.access.gpo.gov/cfr_2003/7cfr15b.3.htm

Connecticut General Statutes Section 10-221q. Sale of Beverages.
www.cga.ct.gov/2011/pub/chap170.htm#Sec10-221q.htm

Connecticut Public Health Code 19-13-B42, Sanitation of Places Dispensing Foods or Beverages.
www.dir.ct.gov/dph/PHC/docs/19_Sanitation_of_Food_Fair.doc (scroll down to 19-13-B42)

Cumulative Health Records Guidelines. Connecticut State Department of Education, 2003.
www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/CHRguidelines.pdf

Dietary Accommodations for Celiac Disease in Child Nutrition Programs (Operational Memorandum No. 9-13). Connecticut State Department of Education, January 4, 2013.
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/opmemos/13/om_19-13.pdf

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

Final Fluid Milk Substitution Rule (SP 02-2009). U.S. Department of Agriculture, October 16, 2008. www.fns.usda.gov/sites/default/files/SP_02-2009.pdf

Final Rule on Fluid Milk Substitutions (Operational Memorandum No. 3-09). Connecticut State Department of Education, November 14, 2008.
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/opmemos/09/om_03-09.pdf

Final Rule on Fluid Milk Substitutions in the School Nutrition Programs (73 FR 52903). U.S. Department of Agriculture, September 12, 2008.
<http://edocket.access.gpo.gov/2008/pdf/E8-21293.pdf>

Final Rule “Nutrition Standards in the National School Lunch and School Breakfast Programs,” Questions & Answers for Program Operators. U.S. Department of Agriculture.
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/nslp/QAschoolmeals.pdf

Individuals with Disabilities Education Act (IDEA). http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_cong_public_laws&docid=f:publ446.108

Know the Rights That Protect Individuals with Disabilities from Discrimination. U.S. Department of Health & Human Services Office for Civil Rights.
www.hhs.gov/ocr/civilrights/resources/factsheets/504ada.pdf

Nutrient Analysis Protocols. How to Analyze Menus for USDA’s School Meals Programs. U.S. Department of Agriculture, February 2014.
<http://healthymeals.nal.usda.gov/hsmrs/Software/For%20Web/NAPManual.pdf>

Questions and Answers: Milk Substitution for Children with Medical or Special Dietary Needs (Nondisability), (Operational Memorandum No. 23-09). Connecticut State Department of Education, September 4, 2009.
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/opmemos/09/om_23-09.pdf

Questions and Answers: Fluid Milk Substitutions in the School Nutrition Programs. U.S. Department of Agriculture, Revised November 12, 2009.
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/opmemos/10/om_03-10attach.pdf

Section 504 of the Rehabilitation Act of 1975: Procedural Safeguards (Circular Letter C-9). Connecticut State Department of Education, 2000. www.sde.ct.gov/sde/lib/sde/pdf/circ/circ00-01/c9.pdf

Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Programs (Operational Memorandum No. 22-15). Connecticut State Department of Education, April 27, 2015. www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/opmemos/15/om_22-15.pdf

The Individuals with Disabilities Education Act of 1976 (IDEA) Laws and Regulations:
<http://idea.ed.gov/>

Variations in Meal Requirements for Religious Reasons: Jewish Schools, Institutions and Sponsors (CSDE Memorandum No. 28-13). Connecticut State Department of Education, May 1, 2013.
http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/opmemos/13/om_28-13.pdf

Variations in Meal Requirements for Religious Reasons: Jewish Schools, Institutions and Sponsors (Instruction 783-13, Revision 3). U.S. Department of Agriculture, Food and Nutrition Services, March 23, 2013
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/fnsinstructions/783-13.pdf

GLOSSARY

a la carte items: Foods and beverages that are sold separately from reimbursable meals in the USDA 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.

administrative review: A periodic review of an institution’s operations by the Connecticut State Department of Education to monitor performance and assess compliance with all USDA regulations.

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, see [Section 20-87a](#) of the Connecticut General Statutes.

Afterschool Snack Program: The USDA’s federally assisted snack program implemented through the National School Lunch Program (NSLP). The Afterschool Snack Program 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, see the CSDE’s [Afterschool Snack Program](#) Web page.

alternate protein products (APP): APPs are generally single ingredient powders that are added to foods. Some examples include soy flours, soy concentrates, soy isolates, whey protein concentrate, whey protein isolates and casein. APPs include vegetable protein products. The USDA has specific requirements for the crediting of APP in Child Nutrition Programs. For more information, see “Seventh-day Adventist Sponsors” in section 4, and the CSDE’s handout, [Requirements for APP](#).

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.

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 take into account normal differences in body fat between boys and girls and differences in body fat at various ages. For more information, see the CDC’s [About Child and Teen BMI](#) Web page.

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, see the [National Digestive Diseases Information Clearinghouse](#) Web site.

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 labeling include main dish entrees that contribute to the meat/meat alternates component of the meal pattern requirements, e.g., beef patties, cheese or meat pizzas, meat or cheese and bean burritos, egg rolls, and breaded fish portions. The CN label will also indicate the contribution of other meal components that are part of these products. For more information, see the CSDE’s handout, [CN Labeling](#), and the USDA’s [Child Nutrition \(CN\) Labeling](#) Web page.

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, 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, see the CSDE’s [Child Nutrition Programs](#) Web page.

competitive foods: Any foods and beverages sold to students anytime on school premises other than meals served through the USDA 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, see “a la carte sales” in this section.

creditable food: A food or beverage that can be counted toward meeting the meal pattern requirements for a reimbursable meal or snack in the USDA Child Nutrition Programs. For more information, see the CSDE’s [Crediting Foods](#) Web page.

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.

dietary specifications: The USDA’s nutrition standards for meals in the NSLP and SBP. The dietary specifications include weekly calorie ranges and limits for saturated fat and sodium. In addition, nutrition facts labels and manufacturer specifications must indicate zero grams of trans fat per serving for all food products and ingredients used to prepare school meals. For more information, see the CSDE’s [Menu Planning Guide for School Meals](#).

dietitian: See “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, see “Definition of Disability” in section 1.

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, see 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 accommodations for special dietary needs. For more information, see the [FERPA](#) Web site.

fluid milk substitutes: Nondairy beverages (such as soy milk) that can be used as a substitute for fluid milk in the USDA Child Nutrition Programs. For meals and snacks to be reimbursable, these beverages must meet the USDA nutrition standards for milk substitutes. For more information, see “nutrition standards for milk substitutes” in this section and “[Meal Pattern Substitutions for Fluid Milk](#)” in section 3.

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, see “anaphylaxis” in this section.

food components: The five food groups that comprise reimbursable meals in the NSLP (milk, fruits, vegetables, grains and meat/meat alternates) and the three food groups that comprise reimbursable breakfasts in the SBP (grains with optional meat/meat alternate substitutions, fruits with optional vegetable substitutions and milk). For more information on the individual food components, see the CSDE’s [Crediting Foods](#) Web page.

food intolerance: An adverse food-induced reaction that does not involve the body’s immune system, e.g., lactose intolerance. For more information, see “lactose intolerance” in this section.

food item: A specific food offered within the food components that comprise reimbursable meals in the USDA school nutrition programs. A food item may contain one or more food components or more than one serving of a single component. For example, an entree could provide one serving of grains and one serving of meat/meat alternates, and a bagel could provide two servings of grains.

gluten sensitivity: A condition with symptoms similar to those of celiac disease that improve when gluten is eliminated from the diet. Individuals who have been 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, see the [Celiac Disease Foundation](#) Web site.

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, see the [U.S. Department of Health and Human Services](#) Web site.

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 students 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, see the [IDEA](#) Web site.

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.

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.

licensed physician: A doctor of medicine or osteopathy.

meat alternates: Foods that provide similar protein content to meat. Meat alternates include alternate protein products, cheese, eggs, cooked dry beans or peas, nuts and seeds and their butters (except for acorn, chestnut and coconut), yogurt, soy yogurt and commercial tofu containing at least 5 grams of protein in a ¼-cup (2.2 ounces) serving. For more information, see the CSDE's [Menu Planning Guide for School Meals](#).

medical statement: A document that identifies the specific medical conditions and appropriate dietary accommodations for children with special dietary needs. For information on medical statements for children with disabilities, see section 2. For information on medical statements for children without disabilities, see section 3.

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.

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. It was established under the National School Lunch Act, signed by President Harry Truman in 1946. For more information, see the CSDE’s [National School Lunch Program](#) Web page.

noncreditable foods: Foods and beverages that do not count toward any meal pattern components in the USDA Child Nutrition Programs. For more information, see [Noncreditable Foods in School Nutrition Programs](#).

nutrient-dense foods or nutrient-rich foods: Foods that provide substantial amounts of naturally occurring vitamins, minerals and other nutrients with relatively few calories. Nutrient-dense foods include lean sources of protein and/or complex carbohydrates that are low in total fat and saturated fats. Examples include fruits, vegetables, whole grains, low-fat or nonfat dairy products, lean meat, skinless poultry, fish, eggs and beans. Foods and beverages that are not nutrient dense supply calories (from fat, added sugars and processed carbohydrates) but relatively small amounts of nutrients (and sometimes none at all), unless fortified. For more information, see the [Nutrient Rich Foods Coalition](#) Web page.

nutrition standards for fluid milk substitutes: The nutrition requirements for nondairy 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 based on a serving of 1 cup (8 fluid ounces): 276 milligrams (mg) of calcium; 8 grams (g) of protein; 500 international units (IU) of vitamin A; 100 IU 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.

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, see the DPH’s [Dietitian/Nutritionist Certification](#) Web page.

obese (children): A body mass index (BMI) at or above the 95th percentile for children of the same age and sex. For more information, see “body mass index” in this section and the CDC’s [Defining Childhood Obesity](#) Web page.

offer versus serve (OVS): A concept that applies to menu planning and the determination of reimbursable school meals in the NSLP and SBP. OVS allows students to decline a certain number of food components or items in the meal. All required meal components must be offered to each student. In the NSLP, students must select at least ½ cup of fruits or vegetables and the full portion (minimum serving size) of at least two other components. In 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. For junior high, middle schools and elementary schools, OVS is optional for both breakfast and lunch. For more information, see the CSDE’s *Menu Planning Guide for School Meals*.

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, see “body mass index” in this section and the CDC’s *Defining Childhood Obesity* Web page.

phenylketonuria: A rare genetic disorder in which an individual lacks an enzyme to break down the amino acid phenylalanine, which is present in many foods. Without the enzyme, levels of phenylalanine and two related substances build up in the body. These substances are harmful to the central nervous system and can cause brain damage.

Planning and Placement Team: 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 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.

product formulation statement: An information statement obtained from the manufacturer that provides specific information about how the product credits toward the USDA 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*. Unlike a CN label, a product formulation statement does not provide any warranty against audit claims. If these foods will be used in a reimbursable meal, the SFA must check the manufacturer’s crediting information for accuracy.

product specification sheet: Manufacturer sales literature that provides various information about the company’s products. These materials do not provide the specific crediting information that is required on a product formulation statement and cannot be used to determine a product’s contribution toward the USDA meal pattern components.

recognized medical authority: A state-licensed health care professional who is authorized to write medical prescriptions under state law, and is recognized by the State Department of Public Health. In Connecticut, recognized medical authorities include physicians, physician assistants, doctors of osteopathy and advanced practice registered nurses (APRNs), i.e., nurse practitioners, clinical nurse specialists and certified nurse anesthetists who are licensed as APRNs.

registered dietitian: The Commission on Dietetic Registration defines a registered dietitian (RD) as an individual who has completed the minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; has met current minimum academic requirements (Didactic Program in Dietetics) as approved by The Commission on Accreditation/Approval for Dietetics Education of the American Dietetic Association; has completed supervised practice experience accredited/approved by The Commission on Accreditation/Approval for Dietetics Education of The American Dietetic Association; has successfully completed the Registration Examination for Dietitians; and accrued 75 units of approved continuing professional education every five years.

reimbursable meal: A meal or snack that meets the requirements of the U.S. Department of Agriculture’s meal patterns and dietary specifications for Child Nutrition Programs.

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 program 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, see the CSDE’s [School Breakfast Program](#) Web page.

serving size or portion: The weight, measure or number of pieces or slices. The minimum serving size specified in the CACFP meal pattern must be provided for meals and snacks to be reimbursable.

supplements: Reimbursable snacks served in the CACFP.



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