



August 1, 2018

## **BSUSD Food Services has the following Procedures in place for Accommodating Meal Substitutions for Students with Disabilities:**

Federal law and USDA regulations require school nutrition programs to make reasonable modifications to accommodate children with disabilities or impairments. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences. Substitutions or modification for children with impairments must be based on a written medical statement by a licensed healthcare professional with the ability to write prescriptions in the State of California. The statement must include the following information:

- How the impairment affects the child
- What must be done to accommodate the child's diet
- Foods to be omitted
- Foods to be substituted
- Signature of State-recognized Medical Authority\*

## **Other Meal Modification Needs**

SFA's (School Food Authorities) are encouraged, but not required, to consider children's cultural, religious and ethical preferences when planning and preparing meals. In many cases, these special nutrition needs can be accommodated through offer versus serve or by providing additional meal choices.

**Additional guidance on the definitions of a licensed physician and recognized medical authority is available.**

## **Record Maintenance**

- All student medical information must be maintained in a confidential manner.
- Information is only shared with other school personnel who have direct contact with the student or who need information for the student's safety.
- Never revise or change a diet prescription.
- If the diet changes, a new prescription must be obtained from the licensed physician or recognized medical authority.
- New diet prescriptions must be dated so that it is clear which diet prescription is current.

- Discontinued meal modification forms/prescriptions and related documentation, such as team meeting notes, should be maintained in accordance with the school's established policies and procedures.

## **Resources**

<https://www.fns.usda.gov/school-meals/accommodating-disabilities-school-meal-programs-guidance-and-qas>

\*<https://www.cde.ca.gov/ls/nu/sn/mbsnp022017.asp>

## **Attachments**

Milk Substitute Request Form

Medical Statement Meal Substitution Request Form

**Please notify BSUSD Food Services or Site Secretaries if you need assistance in another language.**

**Por favor notifique a los Servicios de Alimentos de BSUSD o a los Secretarios del sitio si necesita ayuda en otro idioma.**

For additional information please contact:

Catherine Paredes

Director of Food Services

1315 Palm Canyon Drive

Borrego Springs, CA 92004

760-767-5335, ext 404; 760-767-5333, ext 223

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- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: 202-690-7442
- (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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Prepared by CDE-NSD | Aug 2014

## Borrego Springs Unified School District Food Services REQUEST FOR A FLUID MILK SUBSTITUTION FOR SCHOOL-AGE CHILDREN

1. Name of School Food Authority Borrego Springs USD Food Services	2. Name of School Site <b>BSES – BSMS – BSHS</b> (circle one)	3. Site Telephone Number 760-767-5333 (BSES) 760-767-5335 (BSMS & BSHS)
4. Name of Student		5. Age or Date of Birth
6. Name of Parent/Legal Guardian		7. Telephone Number  (     )
<p>8. The above listed student does not have a disability, but is requesting a fluid milk substitute due to a medical or other special dietary need. This form is not intended to accommodate students who drink fluid milk substitutions such as soy milk due to taste preferences. The School Food Authority has the discretion to select a specific brand of milk substitute since acceptable products must meet specified nutrient requirements. Juice cannot be offered as a fluid milk substitute for students with medical or special dietary needs that <b>do not</b> rise to the level of a disability.</p> <p>This written statement will remain in effect until the parent or legal guardian revokes such statement or until the school discontinues the fluid milk substitution option. School districts and agencies participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests.  <b>The student's parent or legal guardian must sign this form.</b></p>		
9. Medical or other special dietary need requiring a fluid milk substitution:		
10. Signature of Parent/Legal Guardian	11. Printed Name of Parent/Guardian	12. Date

Please note: When necessary, the information on this form should be updated to reflect the current medical and/or nutritional needs of the student.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

# Borrego Springs Unified School District Food Services

## MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

<b>1. School or Agency</b> Borrego USD Food Services	<b>2. Site Name</b> BSES – BSMS – BSHS (circle one)	<b>3. Site Phone Number</b> 760-767-5333 BSES 760-767-5335 BSMS/HS
<b>4. Name of Child or Participant</b>		<b>5. Age or Date of Birth</b>
<b>6. Name of Parent or Guardian</b>		<b>7. Phone Number</b>
<b>8. Description of Child or Participant's Physical or Mental Impairment Affected:</b>  		
<b>9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:</b>  		
<b>10. Indicate Food Texture for Above Child or Participant:</b>  <div style="display: flex; justify-content: space-around; align-items: center;"> <span><input type="checkbox"/> Regular</span> <span><input type="checkbox"/> Chopped</span> <span><input type="checkbox"/> Ground</span> <span><input type="checkbox"/> Pureed</span> </div>		
<b>11. Foods to be Omitted and Appropriate Substitutions:</b>		
<b>Foods To Be Omitted</b>	<b>Suggested Substitutions</b>	
_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	
<b>12. Adaptive Equipment to be Used:</b>  		
<b>13. Signature of State Licensed Healthcare Professional*</b>	<b>14. Printed Name</b>	<b>15. Phone Number</b>
<b>16. Date</b>		

\*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program\\_intake@usda.gov](mailto:program_intake@usda.gov). This institution is an equal opportunity provider.

## INSTRUCTIONS

1. **School or Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served.
3. **Site Phone Number:** Print the phone number of site where meal will be served.
4. **Name of Child or Participant:** Print the name of the child or participant to whom the information pertains.
5. **Age of Child or Participant:** Print the age of the child or participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the child or participant's medical statement.
7. **Phone Number:** Print the phone number of parent or guardian.
8. **Description of Child or Participant's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child or participant's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate Texture:** If the child or participant does not need any modification, check "Regular".
11. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).  
**Suggested Substitutions:** List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Phone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed form.

**Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:**

A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

**Physical or mental impairment** means (a) 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; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Major life activities** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

**Major bodily functions** have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

**“Has a record of such an impairment”** means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.