



Duval County Public Schools (DCPS)/Chartwells Procedure for the Management of Food Allergies and Medical Conditions

The United States Department of Agriculture's (USDA) nondiscrimination regulation (7 CFR Part 15b), as well as the regulations governing the National School Lunch and School Breakfast Programs, make it clear that substitutions to the regular meal must be made for children who are unable to eat school meals because of their disabilities, when that need is certified by a State-licensed health care professional who is authorized to write medical prescriptions under State law (SP 32-2015). In Florida, this includes: licensed physicians (MD, DO), advanced registered nurse practitioners (ARNP), and physician's assistants (PA). However, requests for a meal modification that would fundamentally alter the nature of the foodservice program may be declined.

According to the Americans with Disabilities Act (ADA) Amendments Act of 2008 the term "disability" means:

- A physical or mental impairment that substantially limits one or more major life activities of such individual;
- A record of such an impairment; or
- Being regarded as having such an impairment.

The ADA includes "major bodily functions" as major life activities. Examples of major bodily functions include (but are not limited to): functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. According to the ADA, physical or mental impairments do not need to be life threatening to constitute a disability. For example, a food allergy does not need to cause anaphylaxis in order to be considered a disability. A non-life threatening allergy may be considered a disability and require a meal modification, if it impacts a major bodily function or other major life activity.

In order for a food allergy or other medical condition to be accommodated, the following steps need to occur:

1. A licensed physician, advanced registered nurse practitioner, or physician assistant must complete and sign the District's, "Eating and Feeding Evaluation Form: Children with Special Needs," and indicate the underlying medical condition, the food(s) to be avoided (i.e. the allergen), and recommended food substitution(s). To ensure a prompt response by the DCPS Foodservice Department, the completed form should be faxed to the DCPS Nutrition Service Center at 904-693-7914 and include the Chartwells Resident Dietitian as the intended recipient.



2. Once the completed Eating and Feeding Evaluation form is received by the Chartwells Resident Dietitian (RD), the RD will contact the student's parent or guardian to determine the specific dietary accommodations to be made for the student and to discuss any questions or concerns.
3. Should the student need special dietary accommodations, the RD will create an appropriate menu(s) or list of foods for the cafeteria to avoid based on the completed Eating and Feeding Evaluation Form, and then send to the parent or guardian for approval.
4. Once the menu(s) or list of foods to avoid is approved by the parent or guardian, the RD will send the approved menu(s) or list of foods to avoid to the student's cafeteria manager, copy the manager's supervisor, and place a note in the point of service (POS) to flag the student's dietary restrictions and note if the student has a special menu in place.
5. The approved menu or list of foods to avoid will be available to all school foodservice staff to ensure the child does not receive items that they should avoid. Reasonable accommodations will be implemented within 3 business days. For more complicated menu accommodations (i.e. severe allergies or new and unknown allergies) reasonable accommodations will be implemented within 7 business days. If a reasonable accommodation cannot be made within 7 business days, Chartwells will contact the student's parents to advise them of the progress being made to accommodate the student's dietary restrictions.
6. Chartwells Resident Dietitians train all cafeteria managers annually on managing food allergies and other medical conditions. In the event a cafeteria manager changes, the new manager will also receive this training.
7. If you have any questions, please contact the Food Service Office at 904-732-5145 or the Chartwells Resident Dietitians at 904-693-7676, Press 4

FIGURE 1. EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS

PART A			
Student's Name		Age	
Name of School		Grade Level	Classroom
<p>Does the child have a disability? If Yes, describe the major life activities affected by the disability:</p> <p>Under the Americans with Disabilities Act (ADA) Amendments Act of 2008 a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. Examples of major life activities include: caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.</p> <p>Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.</p>		Yes	No
		Yes	No
PART B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
<p>List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All."</p> <p>Cut up or chopped into bite size pieces:</p> <p>Pureed:</p>			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Parent's Signature		Date:	
Physician or Medical Authority's Signature		Date:	

FIGURE 2. INFORMATION CARD

Student's Name		Teacher's Name	
Special Diet or Dietary Restrictions			
Food Allergies or Intolerances			
Food Substitutions			
Foods Requiring Texture Modifications:			
Chopped:			
Pureed:			
Other Diet Modifications:			
Feeding Techniques			
Supplemental Feedings			
Physician or Medical Authority:			
Name			
Telephone			
Fax			
Additional Contact:		Additional Contact:	
Name		Name	
Telephone		Telephone	
Fax		Fax	
School Food Service Representative/Person Completing Form:			Date:
Title			
Signature			