

## **Dietary Modifications: Standard Operating Procedure**

### **Responding to Requests for Dietary Modifications in the School Nutrition Program**

**To be completed by the Appointed Agent:**

**Instructions:**

❖ Parent is given “Individual Academic Needs Assessment” upon enrollment. If assessment indicates student has special dietary needs the Appointed Agent\* of the school will provide Part A of the Medical Statement and ask that it be completed by the parent/guardian onsite at time of enrollment.

*\*The Appointed Agent will be assigned by the School Nurse and Principal—the Appointed Agent (i.e. data manager, secretary, guidance counselor, etc.) will be responsible for working alongside the School Nurse in the event he/she is working in a different school or absent.*

**1.** Part A will be evaluated by the Appointed Agent to determine the following:

**Does the student plan to eat in the school cafeteria?**

- *If “Yes,” student is planning on eating in cafeteria:* Proceed to Step 2.
- *If “No,” student is NOT planning on eating in cafeteria:* Parent should mark “Yes” or “No” indicating whether they would like a note placed on their students account.
  - If “Yes,” submit completed Part A of the Medical Statement to SN Central Services.
  - If “No,” file completed Part A of the Medical Statement at school with Appointed Agent; no additional actions need to be taken for School Nutrition.

**2.** If the student is planning on eating in the cafeteria and the parent checked that yes, dietary accommodations are needed, continue evaluating the medical statement by doing the following:

- Ask if the child had an Individualized Education Program (IEP), 504 Plan, or Emergency Health Plan (EHP) at their previous school that addresses their dietary needs, and note the answer on Part A of the Medical Statement for School Nurse to review and;
- Email the interdisciplinary team\* to inform all involved that a student with a potential dietary modification has enrolled and include whether or not the child had an IEP, 504, or EHP in place upon enrollment.

*\*The interdisciplinary team includes, but is not limited to, the Appointed Agent, School Nurse, Cafeteria Manager, Registered Dietitian, and Teacher(s).*

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### Responding to Requests for Dietary Modifications in the School Nutrition Program

**To be completed by the School Nurse:**

#### **Instructions:**

1. The School Nurse will be responsible for evaluating whether an EHP is needed in order to make appropriate dietary modifications and will proceed by following the steps highlighted in scenario A or B below:
  - **Scenario A: Child currently has an EHP or needs an EHP:**

If it is determined the child does need an EHP the School Nurse will:

    - Contact the interdisciplinary team\* to schedule a meeting to determine needs, create and/or evaluate current plan and;
    - If deemed necessary following interdisciplinary team meeting, provide Part B of the Medical Statement to the parent/guardian and ask that it be completed and signed by a *Licensed Physician* and returned to the School Nurse. **NOTE: The RCSS School Nutrition Department cannot proceed with diet modifications until Part B is completed and returned.**

*\*The interdisciplinary team includes, but is not limited to, the Appointed Agent, School Nurse, Cafeteria Manager, Registered Dietitian, Teacher(s), and Parent.*
  - **Scenario B: Child does not need an EHP but may still need minor accommodations due to non-anaphylactic food allergies or intolerances:**

If it is determined the child does not need an EHP, but may still need to avoid certain foods, the School Nurse will:

    - Provide Part B of the Medical Statement to the parent/guardian and ask that it be completed and signed by a *Licensed Medical Authority (Physician, Physician's Assistant or Nurse Practitioner)* and returned to the School Nurse. **NOTE: The RCSS School Nutrition Department cannot proceed with diet modifications until Part B is completed and returned.**
2. Once the Medical Statement has been returned, the School Nurse will evaluate the Medical Statement to determine if the information is clear and substantive by reviewing the following items:
  - All items/questions are answered in their entirety**
  - Specific foods to be omitted and recommended substitutions are specific to the student diagnosis and/or condition**
  - The statement is signed by a Licensed Medical Authority**
3. Once determined complete, the School Nurse will email the interdisciplinary team members to verify forms have been returned and are complete. The School Nurse will then sign Part C of the Medical Statement and fax to SN Central Services.
4. Once reviewed by SN Central Services, a note will be placed on the students lunch account to flag the allergy/intolerance. Menu modifications will be made within 10 days of receiving the completed Medical Statement.
  - Individualized menus and/or dietary modifications will be communicated to the Cafeteria Manager, Teacher(s), Parent, School Nurse and the Appointed Agent.

## **Dietary Modifications: Standard Operating Procedure**

### **Responding to Requests for Dietary Modifications in the School Nutrition Program**

**Purpose:** To identify, locate and evaluate students needing dietary modifications as a result of an identified disability as outlined in the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973.

**Scope:** This procedure applies to all interdisciplinary team members who are directly involved with the assessment, implementation, and evaluation of the Medical Statement as it pertains to students enrolled in the Randolph County School System.

#### **Monitoring, Verification, and Record Keeping:**

All interdisciplinary team members will be responsible for maintaining communication should there need to be modifications to the Medical Statement on file. **Under no circumstances should school staff interpret, revise, or change the diet order.**

#### **SN Central Services Contact Information:**

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