

Meal Accommodations Quick Guide for Sponsors and Providers

Child Nutrition Programs aim to provide nutritious meals and snacks to all participants, regardless of background. In order to meet this goal, Sponsors and Providers may need to make accommodations in the meals and snacks that are served. This quick guide outlines the requirements for meal accommodations as requested.

Definitions:

Meal Accommodations : A meal accommodation is a change to a menu due to an individual's special dietary needs. Meal accommodations may include food substitutions or other modifications.

Disability: A physical or mental impairment which substantially limits one or more major life activities or bodily functions . A person can be defined as having a disability if they have a record of such an impairment or is regarded as having such impairments. This can include food allergies.

- **Substantially Limits:** Does not need to prevent or severely restrict major life activity. It must be based on individualized assessment and without regard to measures that control impairment. Can also include episodic impairment or ones in remission
- **Major Life Activities:** Can include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, and more.
- **Major Bodily Functions:** Can include functions of the immune system, normal cell growth, digestion, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and more.

Requirements:

Federal regulations require Child Nutrition Programs Sponsors and Providers to make reasonable modifications to the standard meal requirements to accommodate participants with disabilities when requested. This may include providing special meals or meal service accommodations at no extra charge.

Modifications are only required when requests are supported by a completed Medical Statement that is signed by a State Licensed Health Care Professional *. A written note with the following information can be used in lieu of a Medical Statement:

1. The participant's major life activity or major bodily function affected by the physical or mental impairment restricting the diet
2. An explanation of what needs to be done to accommodate the disability
3. The food(s) to be omitted from the participant's diet or other dietary accommodations to be made
4. The food(s) to be substituted when items are omitted from the diet

Medical statements do not need to reference a disability and Sponsors and Providers do not need to determine whether participants meet the standards of a disability as most physical and mental impairments will constitute a disability.

Sponsors/Providers may opt to start meal accommodations prior to receipt of the completed Medical Statement. In these situations, staff must document when the modification was requested, items 1-4 listed above, and a date when the completed Medical Statement will be returned.

Reasonable Modifications: Does not need to be the modification requested, but does need to be appropriate for the disability. This is determined on a case-by-case basis in collaboration with the parent/guardian or adult participant. No extra charge is allowed.

*State Licensed Health Care Professionals include: Medical Doctors (MD), Doctor of Osteopathy (DO), Doctor of Naturopathy (ND), Physician's Assistant (PA), Certified Nurse Practitioner or clinical nurse specialist, Doctor of Dental Medicine (DMD), Doctor of Dental Surgery (DDS), and Doctor of Optometry (OD)

Non-Medical Meal Accommodations:

Sponsors and Providers may accommodate meal modifications for non-medical reasons based on their program policy. All accommodations must be consistent with all Child Nutrition Programs Civil Rights requirements. Non-medical meal accommodations may include cultural, religious, lifestyle, or personal preferences. Some examples include: vegetarian, vegan, Kosher, or Halal.

The Meal Preference Request Form can be used to document non-medical meal accommodation requests based on individual Sponsor or Provider policy. Requests for Nutritionally Equivalent Milk Substitutes must use this form. [f.9C\(hi\)6sTc 01n4lhei\)632 \(es\)T0 ET//LdyMCID 3 7 \(i\)6\(t\)inl> \(en\)5 \(c\)on-or\(o\)4 \(](#)