



Child Nutrition & Wellness

Tracy Heck, Executive Director

August 11, 2020

Dear Parent or Guardian:

Berkeley County Schools Child Nutrition and Pupil Services are jointly preparing to welcome your student to the 2020-2021 school year! As research shows, a nutritious meal is important to learning and we want to ensure your student has a successful first day.

As we ready our inventory and staff for the return of students, we cannot anticipate the needs of all our special dietary students that first day without your help. Each special dietary student must have his or her *Medical Plan of Care* renewed annually. All forms completed at this point will be valid through the 2020-2021 school year.

If completed prior to the start of the school year, we request that you submit the *Medical Plan of Care* to:

Berkeley County Schools
Office of Child Nutrition & Wellness
1453 Winchester Avenue
Martinsburg, WV 25405
OR
FAX to (304) 263-3793

Please make sure that the health professional completes the form in its entirety. We also request that the signing medical authority's phone number be on file so that our nursing professionals may clarify any questions with your student's medical authority if needed.

If you have any questions of concerns, please contact the BCS Office of Child Nutrition at (304)267-3500.

Sincerely,

Tracy Heck
Child Nutrition and Wellness Executive Director



1900 Kanawha Boulevard, East, Building 6 • Charleston, WV 25305
Steven L. Paine, Ed.D., State Superintendent of Schools
wvde.state.wv.us

Children with Disabilities and Special Dietary Needs

Schools participating in a federal school meal program (National School Lunch Program, School Breakfast Program, Fresh Fruit and Vegetable Program, Special Milk Program, and Afterschool Snack Program) are required to make reasonable accommodations for children who are unable to eat the school meals because of a disability that restricts the diet.

1. Licensed Medical Authority's Statement for Children with Disabilities

U.S. Department of Agriculture (USDA) regulations at [7 CFR Part 15b](#) require substitutions or modifications in school meals for children **whose disabilities** restrict their diets. School food authorities must provide modifications for children on a **case-by-case basis** when requests are supported by a written statement from a state licensed medical authority.

The third page of this document ("**Medical Plan of Care for School Food Service**") may be used to obtain the required information from the licensed medical authority. For this purpose, a *state licensed medical authority* in West Virginia includes a:

- Physician, (MD or DO)
- Physician assistant,
- Certified registered nurse practitioner, or
- Dentist.

The written medical statement must include:

- An explanation of how the child's physical or mental impairment restricts the child's diet;
- An explanation of what must be done to accommodate the child; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

2. Other Dietary Needs

School food service staff may make food substitutions for individual children who do not have a medical statement on file based on county policy. Such determinations are made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements. Schools are encouraged to have documentation on file when making menu modifications within the meal pattern.

3. Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the *Rehabilitation Act of 1973*, the *Americans with Disabilities Act (ADA) of 1990* and the *ADA Amendments Act of 2008*, a person with a disability means any person who has a physical or mental impairment that substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment. A physical or mental impairment does not need to be life threatening in order to constitute a disability. If it limits a major life activity, it is considered a disability.

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. A major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

4. Individuals with Disabilities Education Act

A child with a disability under Part B of the *Individuals with Disabilities Education Act* (IDEA) is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The Individualized Education Program (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. When nutrition services are required under a child's IEP, school officials need to ensure that school food service staff is involved early in decisions regarding special meals. If an IEP or 504 plan includes the same information that is required on a medical statement (see section 1, above), then it is not necessary to get a separate medical statement.

School Nutrition Program Contact

For more information about requesting accommodations to school meals and the meal service for students with disabilities at Berkeley County Schools, please contact:

Tracy Heck
theck@k12.wv.us
(304)267-3500

USDA Nondiscrimination Statement

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.

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, 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:

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; or
3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

*****MAY ONLY BE DISMISSED BY RECOGNIZED STATE MEDICAL AUTHORITY**



Medical Plan of Care for School Food Service

DO NOT WRITE IN THIS AREA

2067302291

This form must be completed at the start of each school year and each time student's diagnosis or change of treatment is indicated during the school year. Annual completion of this form by the student's medical authority ensures that current nutritional needs are being met at school.

Steps to Complete Diet Order Form

1. Parent/Guardian, complete Part A. Sign and date form (required for processing).
2. Medical Authority, complete Part B. Print name, sign and date form; stamp form with medical office stamp (required for processing).
3. Mail to: Child Nutrition and Wellness
1453 Winchester Ave
Martinsburg, WV 25405
Phone 304.267.3500
4. Child Nutrition and Wellness will forward processed form to the student's school cafeteria.
5. **Incomplete form will be returned to parent/guardian.**

Attach Student Photo Here

PART A. To be completed by Parent / Guardian

STUDENT INFORMATION

Student ID Number	Last, First, MI	Date of Birth	Current School	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT / GUARDIAN INFORMATION

First, Last	Daytime Phone Number	Mailing Address, City, State, Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

E-mail Address (We will use this to send acknowledgement and details of your child's menu plan. PRINT NEATLY)

<input type="text"/>

Describe concerns you have about your student's nutritional needs and ability to safely participate in meal time at school:

DIET ORDER FOR SCHOOL YEAR 20 <input type="text"/> <input type="text"/> - 20 <input type="text"/> <input type="text"/> <input type="checkbox"/> Initial Diet Order <input type="checkbox"/> Revision to Diet Order	Which meals provided by the School Cafeteria will the student eat? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack	Does the student have an identified disability (IEP or 504 Plan)? <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> No	<input type="checkbox"/> My child has a special diet and will NOT eat food from cafeteria.
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By signing here I give Child Nutrition & Wellness permission to speak with the Licensed Medical Doctor (MD) or recognized Medical Authority signing the Diet Order Form to discuss the student's dietary needs described in Part B of this form.

Parent / Guardian Signature (required for processing)

Date

<input checked="" type="text"/>	<input type="text"/>
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PART B. To be completed by Licensed Healthcare Provider

STUDENT DIAGNOSIS OR CONDITION

**Students with life threatening food allergies must have Epi-pen and emergency action plan in place at school.*

- Food Intolerance Food Allergy *Life Threatening Food Allergy - Check appropriate box: Ingestion Contact Inhalation
 Disability (Specify) _____ Describe major life activities affected _____
 Other (Specify) _____

How does this allergy affect your child: * Anaphylactic reaction Rash only Swelling Other - Describe reaction: _____
**(Epi-pen to be supplied by parent/guardian)*

FOOD TEXTURE MODIFICATION

If needed check ONE:

- | | |
|---|----------------------------------|
| Liquids: | Solids: |
| <input type="checkbox"/> Thin (Regular liquids) | <input type="checkbox"/> Pureed |
| <input type="checkbox"/> Nectar thick | <input type="checkbox"/> Ground |
| <input type="checkbox"/> Honey Thick | <input type="checkbox"/> Chopped |
| <input type="checkbox"/> Pudding Thick | |

OTHER ACCOMMODATIONS

- Calorie Recommendation: _____ Adaptive Equipment: _____
 Sodium Restriction: _____ Carbohydrate Counting: _____
 Nutritional Supplement: _____ Other: _____

FOOD(S) THAT SHOULD BE AVOIDED (Check all that apply)

DAIRY

- Fluid Milk. Substitute with Soy milk Other _____
 Cheese and recipes with cheese listed as an ingredient
 Ice Cream
 Yogurt
 Recipes with any dairy listed as an ingredient

LACTOSE INTOLERANCE

Substitute with: Lactose free milk Other _____

EGG

- Whole eggs such as scrambled eggs or hard cooked eggs
 Recipes with any egg listed as an ingredient

WHEAT / GLUTEN

- Recipes with any wheat listed as an ingredient

FISH OR SHELLFISH

- Fish Shellfish

TREE NUTS

- Food products identified as manufactured in a plant that also handles tree nuts

PEANUTS

- Peanuts

CORN

- Whole corn such as corn kernels, tortilla chips, corn muffin
 Recipes with corn / corn products listed as an ingredient

SOY

- Soy Lecithin
 Soy Protein (concentrate, hydrolyzed, isolate)
 Recipes with any soy listed as an ingredient

OTHER

- Other, specify if it is a cooked ingredient or when consumed fresh

LICENSED HEALTHCARE PROVIDER INFORMATION

Form will be returned to parent / guardian and NO accommodations will be made if this section is not complete.

Office Phone Number if not in the stamp	Medical Authority Signature	Date
<input type="text"/>	<input checked="" type="text"/>	<input type="text"/>
Fax Number	Medical Authority Printed Name	
<input type="text"/>	<input type="text"/>	