

Orientation to School Nutrition Management

Special Needs

Participant's Workbook

Time: 50 minutes



Institute of Child Nutrition

The University of Mississippi

2017

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MISSION

The mission of the Institute of Child Nutrition is to provide information and services that promote the continuous improvement of child nutrition programs.

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Introduction

It is estimated that 17% of children less than 18 years of age have some type of developmental disability. Other surveys indicate that 3 to 4 million Americans have a developmental disability, and an additional 3 million have milder forms of cognitive disorders or intellectual disabilities. Many of the children and adolescents with disabilities have health problems that require nutrition intervention and benefit greatly from modification of the school breakfast and lunch.

We will discuss the issues involved in preparing meals at school for children with special health needs. These issues are complex and can be overwhelming, especially for a new school nutrition program director. The lesson will provide you with the basic information you need to participate fully in the team process at school. Gaining a broad understanding of the regulations and procedures involved in accommodating special nutrition needs in schools will guide your decisions and make the process of meeting the needs of children with special needs more manageable.

Many children with developmental disabilities or special health needs require nutrition intervention and will bring a diet prescription to school. For some children, the special diet prescription is the most critical component of their overall care and well-being. The role of the school nutrition program director is important in ensuring that the special diet prescriptions for children with special needs in your school district are followed correctly. School nutrition services should be an active part of the school team whenever a child has a special diet prescription. Good communication between parents, students, school nutrition program staff, and other members of the school team is necessary in meeting special diet requirements and providing a safe environment for the child. It is often the school nutrition program director who initiates communication when a special diet is a part of the child's care plan. This lesson will present a brief background of regulations pertaining to the topic, procedures you will need to follow, and an overview of some of the dietary modifications commonly required in the school setting.

Role of the School Nutrition Director

The school nutrition program is required to offer special meals at no additional cost to children whose disability restricts their diet as defined in USDA's nondiscrimination regulations, 7CFR Part 15b. The director of the child nutrition program ensures that meals are made available to all children, including those with disabilities. The responsibilities of the child nutrition program include the following:

- Staff must make food substitutions or modifications for children with disabilities.
- Substitutions or modifications for children with disabilities must be based on a prescription written by a licensed physician.
- The child nutrition program is encouraged, but not required, to provide food substitutions or modifications for children without disabilities who have medically certified special dietary needs and are unable to eat regular meals as prepared.
- Substitutions for children without disabilities with medically certified special dietary needs must be based on a statement by a recognized medical authority.

Functional Area and Competencies

Functional Area 7: Menu and Nutrition Management

Competency 7.1: Develop guidelines for planning menus that comply with nutrition objectives and support operational goals of the school nutrition program.

Knowledge Statement: Know menu planning and service techniques for children with special food and/or nutrition needs, as appropriate.

Source: *Competencies, Knowledge, and Skills for District-Level School Nutrition Professionals in the 21st Century* available on the ICN website: <http://theicn.org/ResourceOverview.aspx?ID=284>

Lesson Objectives

At the end of this lesson, participants will be able to accomplish the following:

1. Identify major legislation related to disabilities.
2. Identify legal, food safety, and financial considerations related to disabilities and special needs.
3. List required components of the diet prescription.
4. Identify common dietary modifications.
5. Describe effective and appropriate interactions with those who have disabilities and their caregivers.

Lesson Plan

Objective: Identify major legislation related to disabilities.

Major Legislation Related to Disabilities

- The Rehabilitation Act of 1973 (Section 504)
- Individuals with Disabilities Education Act (IDEA)
- The Americans with Disabilities Act (ADA)
- The Americans with Disabilities Amendments Act of 2008

Activity: Some Diseases/Conditions That Cause Physical or Mental Impairment

Instructions: Discuss how the following diseases and conditions, such as cross-contact, seating, menus, and equipment, could impact school nutrition:

- Orthopedic, visual, speech, and hearing impairments
- Cerebral palsy
- Epilepsy
- Muscular dystrophy
- Multiple sclerosis
- Cancer
- Heart disease
- Metabolic diseases (diabetes, inborn errors of metabolism)
- Severe food allergy
- Intellectual disability
- Emotional illness
- Drug addiction and alcoholism
- Specific learning disabilities
- HIV infection
- Tuberculosis

Source: USDA, Food and Nutrition Service. (2001). *Accommodating children with special dietary needs in the school nutrition programs: Guidance for school food service staff*. p.3. Retrieved from http://www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

Objective: Identify legal, food safety, and financial considerations related to special needs.

Other Legal Considerations

- Regulations
- Guidance
- State law
- Case law
- School policy and procedure
- Documentation
- Prescription/medical orders followed as written
- Confidentiality

Tips in Appropriate Handling of Documentation

- All student medical information must be maintained in a confidential manner and 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 physician or recognized medical authority.
- New diet prescriptions must be dated so that it is clear which diet prescription is current.
- Out-dated diet statements/prescriptions and related documentation, such as team meeting notes, should be maintained in accordance with your school's established policies and procedures.
- All records and documentation must be held for the length of time required by your state agency or the length of the statute of limitations for general liability in your state—whichever is greater.

Food Safety Considerations

Follow principles of food safety when preparing special needs foods. Some critical food safety practices include:

- washing hands frequently, properly, and at appropriate times;
- cooking foods to the proper internal temperature;
- using a calibrated thermometer for cooking, cooling, hot-holding, cold-holding, and reheating;
- cooling foods rapidly; and
- maintaining a separate preparation and storage area for allergenic foods.

Financial Considerations

- Special foods, supplements, consultations
- Equipment (may be funded through IDEA)
- Medicaid (varies from state to state)
- Title I
- PTA

Consider additional costs that may be incurred in accommodating children with special nutrition needs when planning your school nutrition budget. Explore available funds that may be obtained through outside sources when appropriate. Always keep the identity of the students confidential when dealing with the public and only share with other school personnel who have direct contact with the student or who need information for the student's safety.

Activity: Identify Potential Problems

Instructions: Each person should identify one potential problem that might occur if school nutrition personnel are not aware of and up-to-date on these considerations. Note which area the problem would occur in and what types of consequences might take place.

Problem:

Problem Area:

Consequence(s):

Objective: List required components of the diet prescription.

The statement from the licensed physician must provide the following information:

- Identity of the disability
- Major life activity(s) impacted
- Diet restriction(s)
- Complete diet order
- Foods to be omitted
- Foods to be substituted

Activity: Rachel's Case Study

Instructions: Working with a partner, read the description of Rachel in the case study and answer the following questions.

Case Study

Rachel's Diet Prescription

“Rachel has spastic cerebral palsy. She is unable to walk independently or chew and swallow regular foods. All foods must be blended or pureed to a baby food or pudding consistency. May have any liquids. One can of Ensure with meals as needed to maintain weight within normal range. Encourage snacks of blended consistency between meals such as ice cream, pudding, or applesauce. Encourage fluids between meals.”

Signed by John Smith, M.D.

Description of Rachel's Condition

The diet prescription provided for Rachel states that she has been diagnosed with spastic cerebral palsy. Cerebral refers to the head and palsy refers to a loss of control of the muscles (muscle tone) in the body. Cerebral palsy (CP) is caused by an injury to the brain before, during, or shortly after birth. In many cases, the cause of the injury is not known. The location of the injury in the brain and the severity of the injury will determine the loss of muscle tone and what areas of the body are affected. In order for us to move our bodies, some muscles must shorten while other muscles must lengthen. When a person has CP, muscles may be too tight, too loose, or a combination of both. Without normal muscle tone, smooth, deliberate movement of the body cannot occur. Persons with CP may display random, jerky movements; may have difficulty holding their head up, sitting, or standing; may have muscles that are constantly stiffened (spastic); and may need extra fluids to compensate for fluid losses due to drooling.

Case Study Questions

1. How might Rachel's spastic cerebral palsy impact her ability to eat in the cafeteria, and how might you work with other members of the school team to accommodate her? _____

2. Bend your arms at your elbows and clench your fists tightly and hold for 1 minute. Is this tightening of your muscles tiring? Do you think Rachel might tire easily and require additional calories as a result of her tight muscles?

3. Does Rachel's medical condition meet the federal definition of a disability? Why or why not? _____

4. If Rachel's condition does meet the definition of a disability, what major life activity(s) is (are) affected? _____

5. Was the diet prescription provided by a licensed physician? _____
6. Which required components are included in the diet prescription information? Is it valid? _____

Special Dietary Needs that are NOT a Disability

There are food allergies (unless anaphylactic) and intolerances that are not considered a disability. Accommodations may be made but are generally not required. In many cases, these special nutrition needs can be accommodated through offer vs. serve or by providing additional meal choices.

Required Elements Statement for Children Who are NOT Disabled

The statement from the recognized medical authority must provide the following information:

- identity of the medical condition;
- foods to be omitted; and
- foods that may be substituted.

Objective: Identify common dietary modifications.

Common Menu Modifications

Texture:

- ground
- chopped
- pureed

Calories:

- increased
- decreased

Consistency of Liquids:

- nectar
- honey
- pudding

National Dysphagia Diet

You can learn more about texture modification and the National Dysphagia Diet at <http://www.asha.org/SLP/clinical/dysphagia/Dysphagia-Diets/>

Special equipment may be needed to prepare these various texture modifications, and your staff will need instructions in cleaning and using the equipment as well as in understanding the terms used to describe the texture modification being requested.

Activity: Modifications to the Regular Menu – Lunch

Instructions: Review the modification information provided. More detailed information is available in the supplemental resources listed.

Modifications to the Regular Menu – Lunch

Menu	Low Calorie	High Calorie	Chopped	Ground	Pureed
Hamburger	no change	add cheese	cut into small pieces	ground, with cream soup added	puree with beef or tomato soup
Buns	no change	add margarine	cut into quarters	substitute noodles	soup or mashed potatoes
French Fries	baked French fries	no change	mashed potatoes	mashed potatoes	mashed potatoes
Broccoli	no change	add margarine or cheese	chopped and cooked	mashed	blended with cream soup
Canned Peaches	sugar free canned peaches	no change	cut into small pieces	chopped and mashed	pureed with juice
Milk	1%	whole	whole	whole	whole

Methods for Increasing Calories

Food	Calories	Suggested Use
Cheese	75-120/oz	Add to creamy foods
Infant cereal	15 /T	Add to fruits, soups, cereal
Eggs, cooked	75/egg	Baked goods, meat loaf, and puddings
Evaporated milk	40/oz	Beverages, soups, cereals, puddings
Powdered milk	25/T	Soups, mashed potatoes, cream sauces, puddings
Peanut butter* (may be a choking risk for children with swallowing disorders)	87/T	With crackers or bread
Margarine	100/T	Add to meats, hot cereal, vegetables or bread
Vegetable oil	110/T	Soups, casseroles, vegetables, gravies
Baby food meat	100-150/jar	Mix with cream soups, thin mashed potatoes, soup
Commercial nutrition supplements	30/oz	Serve as a beverage
Graham crackers/vanilla wafers	20-30 each	Snack

Food Allergies

Approximately 8% of children have food allergies. A food allergy is an allergic reaction to a substance (usually a protein) ingested in food. This reaction involves the body's immune system and can range from mild to life-threatening. The Food and Drug Administration (FDA) has identified eight major food allergens. It is critically important to check food labels for allergy warnings. The terminology "major food allergen" is defined by the FDA as one of the listed allergenic foods or food ingredients that contain protein derived from one of these foods.

Activity: Allergenic Food

Instructions: Work in your groups. Each group will be assigned an allergy category. Look at these school lunch menu items and discuss whether you think it would be safe for a person with the assigned allergy to eat such a food item. Mark the chart for the food item(s) you think a person with the assigned allergy would NOT be able to eat. Check your answers using the School Lunch Item Ingredient Labels below the activity.

Food Item	Source of Allergen			
	MILK	SOY	EGG	WHEAT
Meatballs				
Crinkle cut fries				
Biscuits				
Chicken nuggets				
Mashed potatoes				
Creamed corn				
Hotdogs				
Hotdog buns				
Cheese ravioli				
Tacos				
Cheese pizza				
Carrot and celery sticks with ranch style dressing				

School Lunch Item Ingredient Labels

MEATBALLS

BEEF, WATER, TEXTURED SOY PROTEIN, EGGS, DEHYDRATED ONION, GARLIC, SPICES, BREAD CRUMBS
ALLERGIES: CONTAINS EGGS, MILK, SOY AND WHEAT

CRINKLE CUT FRIES

POTATOES, VEGETABLE OIL, SALT, DEXTROSE
CONTAINS: SOY BEANS

BISCUITS

ENRICHED FLOUR, SKIM MILK, SOYBEAN OIL, SUGAR, BAKING POWDER, SALT
CONTAINS: WHEAT AND MILK

CHICKEN NUGGETS

CHICKEN BREAST, WATER, WHEAT FLOUR, SALT, SOYBEAN OIL, WHEY, RICE FLOUR, SPICES, FLAVORING, FOOD STARCH
CONTAINS: MILK, WHEAT, AND SOY

CARROT AND CELERY STICKS WITH RANCH STYLE DRESSING

CARROTS, CELERY, DRESSING (SOYBEAN OIL, WATER, EGG YOLK, SUGAR, SALT, NON-FAT BUTTERMILK, NATURAL FLAVORS [SOY], SPICES)

TACOS

SHELL: STONE GROUND CORN FLOUR, WATER, CELLULOSE GUM, CALCIUM PROPIONATE, LIME
MEAT: HAMBURGER, SPICES (CHILI PEPPER, CUMIN, OREGANO, AND RED PEPPER), ONION, WHEY SOLIDS (MILK), SALT, SUGAR, PAPRIKA, GARLIC, POTATO STARCH, CITRIC ACID

MASHED POTATOES

POTATOES, SOUR CREAM, BUTTER, SALT, PEPPER
CONTAINS: MILK

CREAMED CORN

CORN, WATER, SUGAR, MODIFIED CORN STARCH, SALT

HOTDOGS

BEEF, WATER, GARLIC POWDER, HYDROLYZED SOY PROTEIN, PAPRIKA, POTASSIUM AND SODIUM LACTATE, SALT
CONTAINS: SOY

CHEESE PIZZA

TOPPINGS: LOW-MOISTURE PART-SKIM MOZZARELLA CHEESE, TOMATOES, FOOD STARCH, SALT, SPICES
CRUST: ENRICHED FLOUR, WATER, VEGETABLE SHORTENING, YEAST, SALT, SUGAR
CONTAINS: MILK, SOY, AND WHEAT

HOTDOG BUNS

ENRICHED FLOUR, WATER, BUTTERMILK, HIGH FRUCTOSE CORN SYRUP, EGG, SOYBEAN OIL, WHEY, YEAST, SUGAR, WHEAT GLUTEN, SOY FLOUR
ALLERGIES: CONTAINS MILK, SOY, EGG, AND WHEAT

CHEESE RAVIOLI

ENRICHED DURUM FLOUR, WHOLE MILK RICOTTA CHEESE, WATER, WHOLE EGG, ROMANO CHEESE, SALT, SPICES, SOYBEAN OIL
ALLERGIES: CONTAINS EGG, MILK, AND WHEAT

Objective: Describe effective and appropriate interaction with those who have disabilities and their caregivers.

Policies, procedures, and communication with children with special needs and their families should reflect the same courtesies extended to any child or family. The environment in which students eat is an important part of providing for the needs of children with disabilities.

Dining Environment Considerations

- Generally, it is recommended that children with disabilities eat in the cafeteria with the other students.
- Ample time should be allowed for the child to eat.
- Plan for space in the dining area to accommodate wheelchairs and teachers or aides who assist the child.
- Ramps or handrails may be needed to make the cafeteria accessible.
- Provide adequate lighting for students who are visually impaired.
- Provide an area where a screen could be used for children who are easily distracted.

General Information for Working with Children and Adults with a Disability

- Speak as you would to any other person.
- Speak directly to the person rather than to the companion.
- When speaking to a person with a visual impairment, always identify yourself and others with you.
- Speak in a normal tone of voice unless you know the person is hard of hearing.
- Use conversation appropriate to the age of the person. Individuals with a developmental disability may be small in stature but older than they appear.
- Remember, each individual has a unique personality.
- Don't talk about the person in front of them unless it is something you want them to hear.
- Individuals with a neurological impairment may have difficulty sensing hunger or fullness.

- Continue to offer and encourage new foods that are allowed within their diet prescription.
- Do not use food for purposes of reward or punishment.
- Do not pretend that you understand an individual with a speech impairment. Ask someone familiar with the individual to help you. Individuals with a speech impairment do not always have an intellectual and developmental disability.

Follow-Up Suggestions

1. Develop a schedule of in-service topics related to accommodating children with disabilities.
2. Review catalogs and talk to vendors about products available for assisting in feeding children with disabilities.
3. Visit a vendor who supplies adaptive equipment to assist children with disabilities.
4. Visit another district and review their system for working with children with disabilities.
5. Ask the managers to diagram how they would make accommodations for safely preparing and storing highly allergenic foods in the food preparation area.
6. Work with teachers and aides to better accommodate a child with disabilities.

Key Terms

Key Terms	Definition
Aspirate	An occurrence in which all or part of a food/liquid bolus enters the airway
Cerebral palsy	A disorder where there has been an injury to the developing brain early in life; symptoms include increased muscle tone and abnormal motor patterns and postures; some have low muscle tone.
Diabetes	A disorder in which the body is unable to produce or respond to insulin
Disability	A physical or mental impairment which substantially limits one or more major life activities
Down Syndrome	A disorder of the chromosomes; the infant may be born with a heart defect; it is common for the infant to have slanted eyes, flattened nose, low-set ears, and low muscle tone, and feeding problems; cognitive and motor skills are slow to develop.
Food allergy	An adverse reaction to a food that involves the immune system
Food intolerance	An adverse reaction to a food caused by toxic, pharmacologic, metabolic, or idiosyncratic reactions to a food or chemical substances in food that usually does not involve the body's immune system
Food anaphylaxis	A sudden, severe allergic reaction that involves the person's whole body and can result in death
Individualized Education Program (IEP)	The written educational plan for a student with disabilities, developed by a team of professionals (teachers, therapists, etc.) and implemented to provide specially designed instruction and related services
Major life activities	Activities such as eating, breathing, learning, walking, working, seeing, hearing, and speaking
Prader-Willi syndrome	The Prader-Willi infant has very low muscle tone, difficulty in sucking and swallowing, and may have failure to thrive; most have an overwhelming appetite and lack ability to know when they are full
Spina bifida	A neural tube defect; these children are born with a lesion in the spinal column which can result in problems related to walking and elimination
504 Accommodation Plan	A planning document used in schools for children who require health related services (including modified meals) but who are not enrolled in a special education program; mandated by the Rehabilitation Act of 1973

Supplemental Resources

- Institute of Child Nutrition. (2003). *Allergy fact sheet for child nutrition program professionals*. University, MS: Author. Retrieved from <http://www.theicn.org/>
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- Institute of Child Nutrition. (2007). *Special needs in child nutrition programs satellite seminar*. University, MS: Author. Retrieved from <http://www.theicn.org/>

Supplemental Websites

Allergy & Asthma Network Mothers of Asthmatics: <http://www.aanma.org/>

American Academy of Allergy, Asthma, and Immunology: <http://www.aaaai.org/>

American Academy of Pediatrics: <http://www.aap.org/>

American Association on Intellectual and Developmental Disabilities (AAMR):
<http://www.aamr.org/>

Asthma and Allergy Foundation of America: <http://www.aafa.org/>

American Association of Diabetes Educators: <http://www.aadenet.org>

American Diabetes Association: <http://www.diabetes.org>

Academy of Nutrition and Dietetics: <http://www.eatright.org>

American Heart Association National Center: <http://www.americanheart.org/>

American Lung Association: <http://www.lungusa.org/>

American Speech and Hearing Association:

<http://www.asha.org/SLP/clinical/dysphagia/Dysphagia-Diets/>

Exceptional Parent: <http://www.eparent.com>

Indian Health Service/National Diabetes Program:

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.asp>

International Food Information Council (IFIC Foundation): <http://www.ific.org/>

Juvenile Diabetes Research Foundation International: <http://www.jdf.org>

National Diabetes Education Program: <http://www.cdc.gov/diabetes/projects/ndeps.htm>

National Diabetes Information Clearinghouse:

<http://www.niddk.nih.gov/health/diabetes/ndic.htm>

National Down Syndrome Congress: <http://www.ndscenter.org>

National Eye Institute: <http://www.nei.nih.gov>

National Institute of Diabetes and Digestive and Kidney Diseases:

<http://www.niddk.nih.gov>

Office of Minority Health Resource Center, U.S. Department of Health and Human
Services: <http://minorityhealth.hhs.gov/>

TASH, Equity, Opportunity, and Inclusion for People with Disabilities: <http://tash.org>

The Food Allergy & Anaphylaxis Network: <http://www.foodallergy.org/>

References

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- S.2781 - 111th Congress (2009-2010): Rosa's Law. (2010, October 05). Retrieved from <https://www.congress.gov/bill/111th-congress/senate-bill/2781/text>

Answer Keys

Activity: Rachel’s Case Study

Rachel’s meals will require cooperation between school nutrition services and other school staff. Rachel will most likely need the following accommodations:

- Longer than the normal meal period
- Adaptive equipment to encourage and maximize safe self-feeding
- Encouragement to eat and help with eating when fatigued
- Increased calories to maintain weight due to increased muscle tone
- Monitoring by school nurse of weight and hydrations status
- Close supervision during meals and snacks because of high risk of choking
- Assistance with grasping and releasing eating utensils
- Recommendations from a therapist for proper positioning at mealtimes
- Menu for daily snacks between meals (so the same food is not offered every day)
- Fluids between meals

Activity: Allergenic Food

Food Item	Source of Allergen			
	MILK	SOY	EGG	WHEAT
Meatballs	X	X	X	X
Crinkle cut fries		X		
Biscuits	X			X
Chicken nuggets	X	X		X
Mashed potatoes	X			
Creamed corn				
Hotdogs		X		
Hotdog buns	X	X	X	X
Cheese ravioli	X		X	X
Tacos	X			X
Cheese pizza	X	X		X
Carrot and celery sticks with ranch style dressing		X	X	

Pre/Post-Assessment

Special Needs

- 1.) The legislation that makes it illegal to discriminate against someone because of their disability is the
 - a. Americans with Disabilities Act
 - b. Rehabilitation ACT of 1973
 - c. Individuals with Disabilities Education Act
 - d. Civil Rights Act

- 2.) Which of the following components is NOT required for diet prescriptions?
 - a. Identity of the disability
 - b. Explanation of the disability
 - c. Food to be omitted or substituted
 - d. Written by a licensed physician

- 3.) Which of the following is NOT a recommended action for a child with a disability?
 - a. Offering foods as a reward
 - b. Longer than normal eating time
 - c. Assistance with grasping and releasing eating utensils
 - d. Placing children who are easily distracted behind a screen

- 4.) Which of the following is NOT a common menu modification?
 - a. Texture
 - b. Sodium content
 - c. Calories
 - d. Consistency of liquids

- 5.) The best place to look for allergy information in food is the
 - a. Menu
 - b. Ingredients label
 - c. Recipe
 - d. None of the above

- 6.) One way to avoid a possible life threatening allergic reaction would be to
 - a. Train staff on emergency procedures
 - b. List food allergens/food ingredients on the menu
 - c. Have food allergen/food ingredients available to parents and students
 - d. All of the above

- 7.) Some of the most common food allergies include
 - a. Milk
 - b. Eggs
 - c. Fish
 - d. All of the above

- 8.) For some children, the special diet prescription is the most critical component of their overall health and well-being.
- a. True
 - b. False
- 9.) If a child brings a diet prescription to school that does not meet the definition of a disability, the school nutrition program is still required by law to make accommodations.
- a. True
 - b. False
- 10.) It is OK for foods to which a child has an allergy to be stored and prepared in the same area as other foods—it is only when the child ingests the food that an allergic reaction can occur.
- a. True
 - b. False



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