Fresh Picks Café's Vermont Allergy Protocol

Fresh Picks Café believes all students should have access to nutritious and safe food. We believe a comprehensive approach is necessary in order to best serve our customers. Fresh Picks Café follows the guidance of The Americans with Disabilities Act Amendments Act of 2008 (ADAAA), P.L. 110-325 as well as the Vermont Agency of Education Child Nutrition Programs.

Customers seeking menu modifications are asked to complete the attached Special Dietary Medical Statement. The form outlines:

- The child's allergy, special dietary condition or disability.
- The food(s) to be omitted from the child's diet, and the food or choice of foods that must be substituted.
- An explanation of why the condition restricts the child's diet (if the condition is classified as a disability).
- The major life activity affected (if the condition is classified as a disability).

Please submit the medical statement to your school nurse. Forms will be shared with the Fresh Picks Café Dietitian and your child's school Food Service Manager.

Please provide contact information in the event we need to contact you regarding menu substitutions. Also, should you wish to end your child's menu modifications for any reason, we require written and signed documentation from the child's legal guardian.

This community approach allows our children safe access to nutritious and fresh foods daily.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. **fax**: (833) 256-1665 or (202) 690-7442; or

3. **email**: program.intake@usda.gov

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Special Dietary Medical Statement Vermont Agency of Education Child Nutrition Programs

	Name:
Contact Informa	tion:
Does the child's ☐ Yes ☐ No	IEP or 504 Plan contain the information required as outlined below If No, please continue to fill out the form. If Yes, stop here.
	Meal Modifications Made Outside the Meal Pattern
	(Accommodation that alters the USDA meal pattern)
Foods to be Avo	ided/Omitted:
Brief explanation	of how exposure to this food affects the child:
Recommended S	substitute to this Food:
Recommended S	substitute to this Food:
odified Texture Ne	eeded:
odified Texture Ne	eeded: ded:
odified Texture Ne	eeded: ded: red:

For additional information, please refer to Pages 14 & 15 of USDA-FNS Accommodating Children with Disabilities in the School Meals Programs: Guidance for School Food Service Professionals, *July* 25, 2017

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