

Berkeley County Schools

July 1, 2026

Dear Parent or Guardian:

Berkeley County Schools Child Nutrition and Pupil Services Departments are jointly preparing to welcome your student to the 2026-2027 school year. As research shows, a nutritious meal is essential 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 their *Medical Plan of Care* reviewed annually.

PLEASE READ PROCEDURES FOR THIS YEAR:

1) For a new student with a special dietary need OR a current student with a special dietary need that has not submitted a *Medical Plan of Care* in the past:

Please complete all of Part A of attached *Medical Plan of Care* form. Make sure to include your signature. Have student's licensed healthcare provider complete Part B. Please make sure they complete the form in its entirety, including the provider's signature and phone number in case the school nurse or dietitian need to clarify any questions.

2) For a current student with a *Medical Plan of Care* already on file with BCS:

This form no longer needs to be updated by the healthcare provider annually **UNLESS** there is a change to the special dietary need. Parent/Guardian is required to only complete and sign Part A of the *Medical Plan of Care* and check the box stating "No Changes to Order" to continue the current plan on file. Information will follow a student from year to year once a form has been submitted, up to a maximum of 5 years. A new form will need to be submitted at that time if still needed.

3) For a current student with a *Medical Plan of Care* already on file with BCS that no longer needs special dietary accommodations:

The student's parent/guardian must complete Part A of the *Medical Plan of Care* form and check the box indicating "Diet Modifications No Longer Needed", **UNLESS** the student had a life-threatening allergy requiring an Epi-pen or medication, then the licensed healthcare provider must complete the form in order to remove diet modifications. Child will now receive regular foods with no special dietary modifications. Please follow up with school nurse on how to discontinue previously ordered medications at school.

Completed forms before the start of the school year should be sent to:

Berkeley County Schools
Office of Child Nutrition & Wellness
50 Coast Guard Dr.
Kearneysville, WV 25430
OR FAX to (304)-263-3793

If you have any questions or concerns, please don't hesitate to contact the BCS Office of Child Nutrition at (304)267-3500.

Jennifer Setney, RD, LDN



Child Nutrition & Wellness, Executive Director

1453 Winchester Avenue, Martinsburg, WV 25405

☎ 304-267-3500 ✉ info@berkeleycountyschools.org

💻 304-267-3524 🌐 berkeleycountyschools.org





1900 Kanawha Boulevard, East, Building 6 • Charleston, WV 25305
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Children with Disabilities and Special Dietary Needs

Schools/Sites participating in a federal school meal program (National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program, Summer Food Service 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/site 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/site meals for children whose disabilities restrict their diets. School Food Authorities/Sponsors 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/Site 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.
- Registered Dietitian

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 Special Dietary Needs

School/Site food service staff may make food substitutions for individual children who do not have a medical statement on file. Such determinations are made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements. Schools/Sites 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 food service staff is involved early in decisions regarding special meals.

Nutrition Program Contact

For more information about requesting accommodations to meals and the meal service for children with disabilities at (School or Site Name), please contact:
(Name and contact information)

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

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Medical Plan of Care for School Food Service (2026-2027 School Year)

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 ensures that current nutritional needs are being met at school. Completed forms may be given to school nurse, faxed to 304-263-3793 or mailed to Child Nutrition and Wellness at 50 Coast Guard Dr. Kearneysville, WV 25430.

Part A. To Be Completed by Parent/Guardian

Student Name (First) _____ (Last) _____ ID # _____
Date of Birth _____ Grade _____ School _____
Mailing Address _____
Parent Name (First) _____ (Last) _____ Phone # _____
Parent email address _____

Diet Order for School Year 2026-2027 (Check one)

☐ Initial Order ☐ Revision to Order ☐ No Changes to Order ☐ Diet Modifications No Longer Needed

Which meals provided by the school cafeteria will the student eat?

☐ Breakfast ☐ Lunch ☐ I will be providing my student's meals. Student will NOT eat food from cafeteria.

Does the student have either of the following in place? ☐ IEP Plan ☐ 504 Plan ☐ None

By signing here, I give Child Nutrition and Wellness permission to speak with the Licensed Healthcare Provider signing the form to discuss the student's dietary needs, if needed.

Parent Signature (needed for processing) _____ **Date** _____

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. (Epi-pen and other medications must be supplied by parent/guardian per doctor order.)*

☐ Food Intolerance ☐ Non-Life-threatening Food Allergy ☐ Life-threatening Food Allergy

Check Appropriate Boxes: ☐ Ingestion ☐ Contact ☐ Inhalation

How does the allergy affect your child? List symptoms _____

☐ Disability (Specify) _____ Other (Specify) _____

Food Texture Modification (if needed):

Liquids (Check One): ☐ Thin/Regular ☐ Nectar thick ☐ Honey thick ☐ Pudding thick

Solids (Check One): ☐ Chopped ☐ Ground ☐ Pureed

Other Accommodations:

☐ Nutritional Supplement

Name of supplement: _____ Amount and frequency _____

☐ Enteral Feeding

Name of formula: _____ Amount and frequency _____

☐ Other _____

*(Page 1 of 2 of form – please make sure to complete all pages)

Foods That Should Be Avoided (Check all that apply)

Lactose Intolerance

☐ Fluid milk - Substitute lactose free milk ☐ Cheese ☐ Cheese as an ingredient ☐ Yogurt

Milk Allergy

☐ Fluid milk Substitute with: ☐ Soy Milk ☐ Other _____

☐ Recipes with any dairy listed as an ingredient such as cakes, cookies, etc.

Eggs

☐ Whole Eggs or egg whites such as scrambled eggs or hard cooked eggs

☐ Recipes with any egg listed as an ingredient

Wheat/Gluten

☐ Recipes with any wheat and/or gluten listed as an ingredient

Tree nuts or Peanuts

☐ Any foods/recipes containing tree nuts

☐ Any foods/recipes containing peanuts

Fish or Shellfish

☐ Any foods/recipes containing fish

☐ Any foods/recipes containing shellfish

Soy

☐ Soy Lecithin

☐ Soy Protein Only (concentrate, hydrolyzed, isolate)

☐ Recipes with soy listed as an ingredient, excluding refined soybean oil

Sesame

☐ Recipes with sesame/sesame seeds or oils listed as an ingredient

☐ Other

Specify food item/items and 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.

Medical Office Information

Name _____

Address _____

Phone Number _____ Fax Number _____

Medical Authority Name _____

Medical Authority Signature _____

Date _____