



Modifications to Accommodate Disabilities in the School Nutrition Programs: It Takes a Village Approach

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Session Overview

- Provide an overview on the guidelines
- Highlight reliable resources
- Provide contact information





Federal Laws and Regulations

- Rehabilitation Act of 1973
- Americans with Disabilities Act of 1990 (ADA)
- Individuals with Disabilities Education Act (IDEA)





Individualized Education Plan (IEP)

- An IEP is a plan or program developed in accordance with the IDEA to ensure that a child who has a disability receives specialized instruction and related services.
- If the child's IEP or 504 Plan includes the same information required in the medical statement, it is not necessary for the school food authority (SFA) to obtain a separate medical statement.



Federal Laws and Regulations

- Title 7, *Code of Federal Regulations* (7 CFR), sections 15.3(b) and 210.10(m)
- ADA Amendments Act of 2008





ADA Amendments Act of 2008

- **Expanded and clarified** the definition of disability.
- **Did not** change the expectation to provide a reasonable modification.
- **Did** make very clear that the **emphasis** must be on providing the reasonable modification, and the disabled person does not carry a high burden of **proving** he or she has a disability.



Disability Definition

- A person with a **physical or mental impairment** that **substantially limits** one or more **major life activities**.
- A person who has a record of such an impairment.
- A person who is regarded as having such an impairment.



Disability

A person who has a physical or mental impairment which substantially limits one or more major life activity



What is a major life activity?



Major Life Activities

- Performing manual tasks
- Caring for oneself
- Seeing
- Hearing
- Eating
- Sleeping
- Walking
- Standing
- Sitting
- Reaching
- Lifting
- Bending
- Speaking
- Breathing

Major Bodily Functions

- Functions of the immune system
- Normal cell growth
- Digestive
- Bowel
- Bladder
- Neurological
- Brain
- Respiratory
- Circulatory
- Cardiovascular
- Endocrine
- Reproductive



Food Allergies

- The Centers for Disease Control and Prevention estimates 4–6 percent of children have a food allergy.
- The Food Allergy Research and Education reports 1 in 13 children has a food allergy.





Food Allergies

- Resources
- Training Materials

Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs



PowerPoint Presentations

Managing Food Allergies in Schools The Role of School Teachers and Paraeducators



Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs

What can you do?

• Help prevent food allergy emergencies!

- Make classroom modifications to make sure all students can participate fully in class.
- Avoid using allergens in classroom activities, including arts and crafts, counting, science projects, parties, holidays and celebrations, or cooking.
- Inform parents and school nurse or administrator prior to any activities that may include food or known allergens.



Your Food Allergy Field Guide





Most Common Food Allergens

1. Milk
2. Eggs
3. Peanuts
4. Tree nuts
5. Fish
6. Shellfish
7. Soy
8. Wheat



Food Substitutions and other Reasonable Modifications

- Usually managed when a well-planned variety of nutritious foods are available
- Sometimes dietary restrictions are more complex
- Dietary restrictions that deviate from the meal pattern require a written medical statement



Medical Statement Form

1. Describe the physical or mental impairment
2. Explain what must be done to accommodate the child's diet
3. Identify food or foods to be omitted
4. Recommend food or choice of foods that must be substituted

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School or Agency	2. Site Name	3. Site Phone Number	
4. Name of Child or Participant		5. Age or Date of Birth	
6. Name of Parent or Guardian		7. Phone Number	
8. Description of Child or Participant's Physical or Mental Impairment Affected: 			
9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation: 			
10. Indicate Food Texture for Above Child or Participant: <div style="display: flex; justify-content: space-around; align-items: center;"><div><input type="checkbox"/> Regular</div><div><input type="checkbox"/> Chopped</div><div><input type="checkbox"/> Ground</div><div><input type="checkbox"/> Pureed</div></div>			
11. Foods to be Omitted and Appropriate Substitutions:			
Foods To Be Omitted		Suggested Substitutions	
12. Adaptive Equipment to be Used: 			
13. Signature of State Licensed Healthcare Professional*	14. Printed Name	15. Phone Number	16. Date



Licensed Healthcare Professional

- State licensed healthcare professionals are allowed to complete and sign a written medical statement for a disability:
 - ✓ Licensed physician
 - ✓ Physician assistant
 - ✓ Nurse practitioner





Requests for Substitutions and other Modifications

- SFAs may choose to accommodate requests related to a child's disability that are **not** supported by a written medical statement **if** the request for modification **meets** the meal pattern requirements.





Requests for Substitutions and other Modifications

- SFAs are not required to provide a specific brand name food item and/or specific substitution request
- SFAs should consider the age and maturity of the child when it comes to the decision-making process





Integrated Setting

- Provide the most integrated setting appropriate for the child.
- Exclusion is not considered an appropriate or reasonable modification.





Accessibility

- SFAs and local educational agencies (LEA) are responsible for:
 - ✓ Accessibility of food service areas
 - ✓ Providing food service aides where needed
- Additional costs for adaptive feeding equipment for aides are considered allowable expenses for the nonprofit food service account (cafeteria fund).



Procedural Safeguards

- LEAs are required to work with food service staff to implement procedures for parents or guardians to:
 - ✓ Request meal service modifications
 - ✓ Resolve grievances



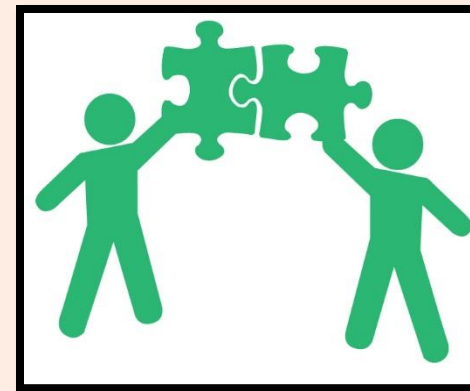
Procedural Safeguards

- LEAs that employ 15 or more individuals must designate at least one person to coordinate compliance with disability requirements.
- The Section 504 coordinator is responsible for ensuring compliance with disability requirements related to meals and meal service.



Team Approach

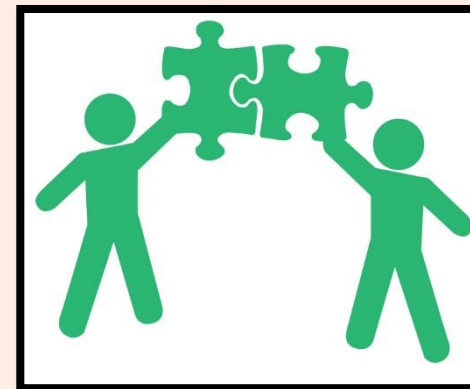
- Develop a team that includes:
 - ✓ Section 504 coordinator
 - ✓ School food service staff
 - ✓ Principal or program director
 - ✓ School nurse
 - ✓ School nutritionist





Team Approach

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- SFAs are encouraged to be familiar with HIPAA requirements





Special Dietary Needs

- SFAs have the option to accommodate children with dietary requests that are not considered a disability
- SFAs are required to follow the meal pattern for optional accommodations for children without a disability to claim reimbursement



Frequently Asked Questions (FAQ)

Are electronic signatures acceptable on the written medical statement?

- Yes





FAQs

If the child no longer needs a meal modification, can the SFA stop providing meal modifications without the licensed healthcare professional's approval?

- Yes





FAQs

Does the SFA need to receive a completed written medical statement prior to implementing the dietary restrictions?

- No





Fluid Milk Substitutions





Milk Substitutions

SFAs **must** provide:

- A fluid milk substitute to a child with a disability
 - ✓ A written medical statement from a licensed healthcare professional

SFAs **may** provide:

- A fluid milk substitute to a child without a disability
 - ✓ A signed written statement from a parent or guardian is acceptable



Milk Substitutions

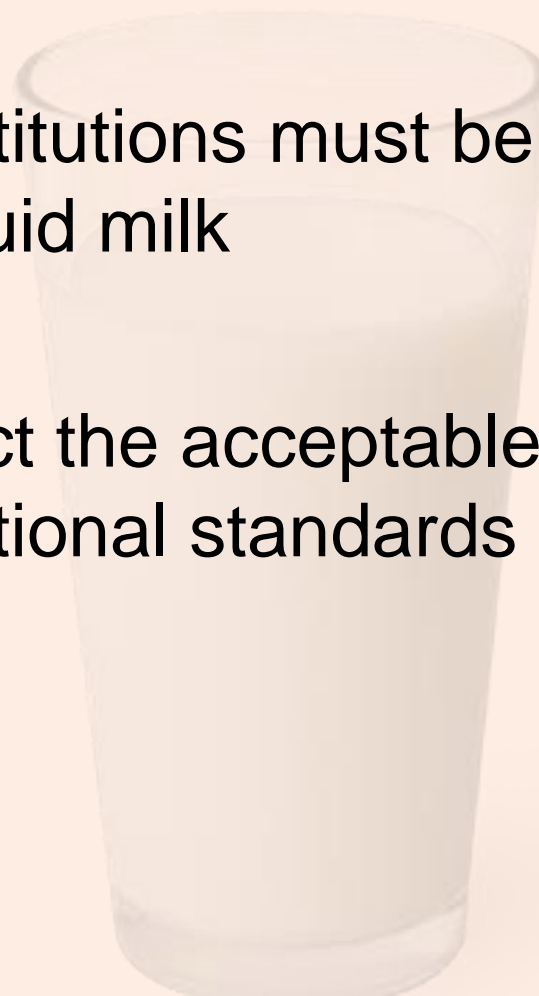
- SFAs must inform the NSD if a fluid milk substitution is offered for children without a disability
- SFAs are required to pay for substitution expenses that exceed federal meal reimbursements
- For guidance regarding pricing milk substitutes as a nonprogram food please reference

<http://www.cde.ca.gov/ls/nu/sn/mb.asp>



Milk Substitutions

- Fluid milk substitutions must be nutritionally equivalent to fluid milk
- SFAs can select the acceptable substitution that meets the nutritional standards





Nutrient Requirements of Fluid Milk Substitutes

<u>Nutrient</u>	<u>Per Cup (8 oz)</u>
Calcium	276 mg
Protein	8 gm
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	0.44 mg
Vitamin B-12	1.1 mcg



Acceptable Brands of Soy Milk

- WESTSOY Organic Plus
- Sunrich Naturals
- Silk
- 8th Continent
- Kirkland Signature Organic
- Pacific Natural
- Pearl Organic
- Great Value
- Lucerne





FAQs





FAQs

What can you offer a child that is only lactose intolerant?

- **Lactose-free milk is currently allowed as part of the reimbursable school meal without a signed medical statement**
- **There is no need to offer a fortified milk substitution to a student whose dietary accommodation is lactose intolerance**



FAQs

Is it acceptable for SFAs to provide a fluid milk substitution for ethnic/cultural, ethical, and religious reasons?

- Yes





FAQs

Are taste preferences an acceptable reason to provide a fluid milk substitute?

- **USDA regulations are not intended to accommodate children who do not drink cow's milk due to taste preferences**
- **School Nutrition Programs already offer a variety of fluid milk to satisfy the taste preferences of children**



FAQs

If an SFA plans to offer a fluid milk substitution, compliant with federal nutrient requirements, to all students as part of the reimbursable meal, would the SFA have to require a parental request for fluid milk substitute form from each student who might choose this option?

- Yes



FAQs

Is juice an allowable fluid milk substitute?

- **No, juice is not allowed for children without disabilities**
- **The only milk substitutions allowed are nondairy beverages that meet the established nutrient standards**





Resources

Modifications to Accommodate Disabilities in the School Meal Programs (SMP) Management Bulletin (MB)

<http://www.cde.ca.gov/ls/nu/sn/mb.asp>

Medical Statement Form for the SMPs

<http://www.cde.ca.gov/ls/nu/cr/documents/medstat.doc>

**SP 26-2017 Accommodating Disabilities in the SMPs:
Questions and Answers**

[https://www.fns.usda.gov/school-meals/accommodating-disabilities-school-meal-programs-guidance-and-qas\(place\)](https://www.fns.usda.gov/school-meals/accommodating-disabilities-school-meal-programs-guidance-and-qas(place))



Resources

SP 40-2017 2017 Edition: Accommodating Children with Disabilities in the SMPs

<https://www.fns.usda.gov/school-meals/2017-edition-accommodating-children-disabilities-school-meal-programs>

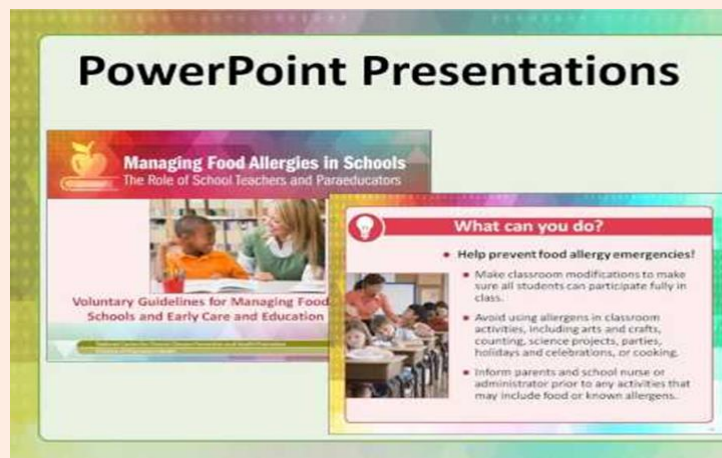
Final Rule: Fluid Milk Substitutions MB

<http://www.cde.ca.gov/ls/nu/sn/mbusdacnp042010.asp>



<https://www.cdc.gov/healthyschools/foodallergies/toolkit.htm>

<https://www.foodallergy.org/resources/schools>





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Professional Standards Crediting Information

Instructional Hours – 1.0

Key Area: 1000 Nutrition

Training Topic: 1100 Menu Planning

Learning Objective: 1160 Modifications to
Accommodate Children with Disabilities in
SNPs



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