

## **Sandy Creek Central School District Meal Modification Plan Accommodating Individuals with Disabilities in the Child Nutrition Program**

Schools must make substitutions for students who are considered to have a disability under 7 CFR 15b.3 and whose disability restricts their diet. 7CFR 210.10(m).

The Civil Rights Authorities that pertain to this plan are as follows:

- Title VI of the Civil Rights Act of 1964; Civil Rights Restoration Act of 1987; Section 504 of the Rehabilitation Act of 1973; ADA of 1990; ADA of 2008; Title IX of the Education Amendments of 1972; Age Discrimination Act of 1975; 7 CFR Parts 15, 15a, 15b and 15c; FNS 113-1; Executive Order 12250; Executive Order 13166; 28 CFR 41; USDA Departmental Regulation 4330-2; 2017 Edition of Accommodating Children with Disabilities in the School Meal Programs

ADA Amendments Act of 2008: Implementation

- **The term “substantially limits” requires a lower degree of functional limitation than the standard previously applied by the courts.** An impairment does not need to prevent or severely or significantly restrict a major life activity to be considered “substantially limiting.” Nonetheless, not every impairment will constitute a disability.
- **The term “substantially limits” is to be construed broadly** in favor of expansive coverage, to the maximum extent permitted by the terms of the ADA. The determination of whether an impairment substantially limits a major life activity **requires an individualized assessment**, as was true prior to the ADA.
- With one exception (“ordinary eyeglasses or contact lenses”), the determination of whether an impairment substantially limits a major life activity shall be **made without regard to the ameliorative effects of mitigating measures**, such as medication or hearing aids.
- **An impairment that is episodic or in remission is a disability** if it would substantially limit a major life activity when active.
- In keeping with Congress’s direction that the primary focus of the ADA is on whether discrimination occurred, **the determination of disability should not require extensive analysis.**

## **The expanded definition of DISABILITY:**

### Major Life Activities:

Seeing, hearing, walking, speaking, learning, eating, breathing

Caring for oneself; Performing manual tasks; Seeing, Hearing, Speaking; Eating, Sleeping, Walking; Standing; Lifting, Bending; Bathing; Reading, Learning, Thinking; Communicating; Working

### **Major Bodily Functions:**

Digestive immune system, respiratory, circulatory, neurological/brain Functions of the immune system; Normal Cell Growth; Digestive, Bowel, Bladder; Neurological, Brain; Respiratory; Circulatory; Endocrine; Reproductive

### **Reasonable Modification**

Definition: A change or alteration in policies, practices and procedures to accommodate a disability which will be determined on a case-by-case basis. Program accessibility: ensure all food service areas are accessible, and provide auxiliary aids and services, such as: adaptive feeding equipment, or food service aides.

### **Integrated Environment**

Section 504 contains an integration clause: applies to food allergies and balance safety versus stigma.

NOTE: Health concerns or preferences that a child eat a specific diet because the parent/guardian believes it is healthier for the child are not disabilities and do not require a modification.

### **Modification provided:**

- Should be related to the disability or limitations caused by the disability
- Does not have to be the modification requested
- Must (generally) be free of charge
- Should be implemented even when the person requesting the modification believes more should be done

**Food Allergies:** Many food allergies fall under the definition of disability.

In order to be considered for a meal modification plan, a medical statement is required, which can be completed by any State-licensed healthcare professional. The form is included in Appendix A of this plan.

### **Medical statement requirements**

- Provides information about impairment-DIAGNOSIS NOT REQUIRED
- States how diet is restricted
- States how to accommodate condition

If the medical statement relates to a food allergy, the following are the three essential components:

1. The food to be avoided (allergen)
2. Brief explanation of how exposure affects the student
3. Recommended substitute(s)

#### **Food Service Department Role**

- Food safety/sanitation, and tracking special circumstances:
- Portion Sizes
- Brand Name Requests
- Offer vs. Serve
- Procurement of Special Meal

Federal regulations governing the operation of Child Nutrition Programs, Part B of the Individuals with Disabilities Education Act, and Section 504 of the Rehabilitation Act of 1973 require that children with disabilities be offered the opportunity to participate in all academic and nonacademic activities including school nutrition programs. The District will make reasonable accommodations to those children whose disabilities restrict their diets, such as providing substitutions or modifications in the regular meal patterns. These meal substitutions will be offered at no extra charge. A student with a disability must be provided substitutions in food when that need is supported by a statement signed by a physician attesting to the need for the substitutions and recommending alternate foods. However, the school food service is not required to provide meal services (for example, School Breakfast Program) to students with disabilities when the meal service is not normally available to the general student body, unless a meal service is required under the student's individualized education program (IEP) or Section 504 Accommodation Plan as mandated by a physician's written instructions.

#### **Food Substitutions for Nondisabled Students**

Though not required, the District will also allow substitutions for non-disabled students who are unable to consume the regular meal because of medical or other special dietary needs if the request is supported by a statement signed by a recognized medical authority.

The District may also allow substitutions for fluid milk with a non-dairy beverage that is nutritionally equivalent (as established by the Secretary of Agriculture) to fluid milk and meets nutritional standards for students who are unable to consume fluid milk because of medical or other special dietary needs if the request is supported by a statement signed by a recognized medical authority or by the student's parent/legal guardian.

This meal modification plan will be available to all parents/guardians on our district website. It will also be provided to any parent upon request made to a teacher or building principal.

Any grievances regarding a meal modification plan can be directed to the Sandy Creek Central School Nurses Office at 315-387-3445 ext.1502. A response will be provided and every attempt will be made to receive a prompt and equitable resolution. If resolution cannot be reached, a parent/guardian may request and participate in an impartial hearing to resolve the grievance, with the opportunity to be represented by counsel and examine the complete record. Upon resolution, the parent/guardian will receive notice of the final decision and procedure for review.

# Sandy Creek Central School District Request for Meal Modifications

Student/Participant Name:

Date of Birth:

Parent/Guardian Name Phone:

Mailing Address City/State/Zip:

Grade/Classroom:

Signature of Parent/Guardian Date:

## **Meal Modification Medical Statement**

Federal law and USDA regulation require nutrition programs to make reasonable meal modifications to accommodate children with disabilities. Under the law, a disability is an impairment that substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences.

**Describe the impairment and how it restricts the child's diet** (i.e., how the ingestion/contact with the food impacts the child):

1. **Explain what must be done to accommodate the child's diet** (i.e., specific food(s) to be omitted/avoided from the child's diet):

1. **List food(s) and/or beverages to be omitted or modified and recommended alternatives:**

Signature of State-Recognized Medical Authority\* Date

Clinic Name

\*State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in New York: Medical Doctor(MD), Doctor of Osteopathy (DO) Physician's Assistant (PA) with prescriptive authority, Advances Registered Nurse Practitioner (ARNP) with certificate of fitness, Podiatrist (DPM), Optometrist (ED), and Dentist (DDS or DMD).