

Reading Edge Academy and Samsula Academy

Accommodations for Students with Disabilities in the School Lunch Program Policy for Meal Substitutions for Medical or other Special Dietary Reasons

School Year 2020-2021

Reading Edge Academy and Samsula Academy participate in the USDA National School Lunch Program. As a participant in the program we follow guidelines as set forth in the American Disabilities Act (ADA) to comply with Meal Substitutions for Medical or other Special Dietary Reasons. Therefore, it is our goal to work collaboratively with parents to ensure an equal opportunity for Students to participate in our School Meal Program and receive program benefits.

Program regulations require our school to ensure that breakfast, lunch, snack, or milk (meals) offered through the School Meal Programs meet the respective meal pattern requirements established in the Program regulations. Federal law and USDA regulations further require our schools to make reasonable modifications to accommodate children with disabilities. This includes providing special meals, at no extra charge, to children with a disability when the disability restricts the child's diet.

Our schools are required to make substitutions to meals for children with a disability that restricts the child's diet on a case-by-case basis and only when supported by a written statement from a State licensed healthcare professional, such as a physician, who is authorized to write medical prescriptions under State law (State licensed healthcare professional). The American with Disabilities Act Amendments Act of 2008, P.L. 110-235 (ADA Amendments Act) clarified that Congress intends the term disability to be broad and inclusive.

GOVERNING STATUTES

Section 504 of the Rehabilitation Act of 1973, as amended (Section 504) prohibits discrimination on the basis of disability in programs and activities that receive Federal financial assistance, such as the Child Nutrition Programs. Title II of the Americans with Disabilities Act of 1990, as amended (ADA) prohibits discrimination based on disability in the provision of State and local government services, such as public schools. Title III of the ADA prohibits discrimination based on disability by private entities that provide public accommodations, including private schools. The ADA applies regardless of whether or not a school receives Federal financial assistance. Section 504, Title II, and Title III require recipients of Federal financial assistance, such as School Food Authorities and Local Education Authorities, to make reasonable modifications to accommodate children with disabilities, including reasonable modifications to meals and the meal service.

Children with Disabilities - Definition

Section 504, the ADA, and Departmental Regulations at 7 CFR part 15b define a person with disability as any person who has a physical or mental impairment which substantially limits one or more "major life activities," has a record of such impairment, or is regarded as having such impairment." (*Per* 29 USC § 705(9)(b); 42 USC § 12101; and 7 CFR 15b.3.) "Major life activities" are broadly defined and 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. "Major life activities" also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. (*Per* 29 USC § 705(9)(b) and 42 USC § 12101.) A physical or mental impairment need not be life threatening to constitute a disability. It is enough that it limits a major life activity. For example, digestion is an example of a bodily function that is a major life activity. A child whose digestion is impaired by lactose

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intolerance may be a person with a disability regardless of whether or not consuming milk causes the child severe distress. Further, an impairment may be covered as a disability, even if medication, or another mitigating measure may reduce the impact on the impairment. For example, the fact that a child may be able to control an allergic reaction by taking medication should not be considered in determining whether the allergy is a disability. General health concerns, such as a preference that a child eat a gluten-free diet because a parent believes it is better for the child, are not disabilities and do not require accommodation. Whether a physical or mental impairment constitutes a disability must be determined on a case-by-case basis. The determination must be made without regard for whether mitigating measures may reduce the impact of the impairment.

Substitutions and other Reasonable Modifications

Our school must make reasonable modifications to the meal, including providing special meals at no extra charge, to accommodate disabilities which restrict a child's diet. Some disabilities may require modifications to the service provided at meal time. For example, a child with diabetes may require help tracking what he or she eats at each meal. The School Food Authority may consider taking steps to design a meal plan within the Program meal pattern to accommodate common disabilities. In many cases, disabilities can be managed within the Program meal pattern requirements when a well-planned variety of nutritious foods is available to children. In other cases, however, the needs of a Program participant with a disability may involve requests for accommodations that result in the service of meals that do not meet the Program meal pattern.

Required Medical Statement for Modification of meal items

Program regulations require our School Food Authority (aka Café Manager) to provide modifications for children with disabilities on a case-by-case basis only when requests are supported by a written statement from a State licensed healthcare professional, such as a physician or nurse practitioner (medical statement). Per 7 CFR 210.10(m), and 220.8(m). In addition, meals that do not meet the Program meal pattern are not eligible for reimbursement unless supported by a medical statement. However, The School Food Authority may choose to accommodate requests related to a disability that are not supported by a medical statement if the requested modifications can be accomplished within the program meal pattern.

The medical statement should include a description of the child's physical or mental impairment that is sufficient to allow the School Food Authority to understand how it restricts the child's diet. It should also include an explanation of what must be done to accommodate the disability. In the case of food allergies, this means identifying the food or foods to be omitted and recommending alternatives. In other cases, more information may be required. For example, if the child would require caloric modifications or the substitution of a liquid nutritive formula to accommodate a disability, this information must be included in the statement.

When the School Food Authority believes the medical statement is unclear, or lacks sufficient detail, they must obtain appropriate clarification so that a proper and safe meal can be provided. The School Food Authority may consider using the services of a Registered Dietitian, when available, to assist in implementing meal modifications, as appropriate. The School Food Authority may also contact their State administering agency for guidance.

Assessing Requests for Substitutions and other Modifications

The School Food Authority may consider expense and efficiency in choosing an appropriate approach to accommodate a child's disability. School Food Authorities are not required to provide the specific substitution or other modification requested but must offer a reasonable modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from the program.

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Note: The School Food Authority is not required to provide modifications that would fundamentally alter the nature of the program; however, this should very rarely be the case. The School Food Authority concerned that a requested modification would fundamentally alter the nature of the program shall contact their State agency for assistance. However, generally our emphasis will be on working with parents and guardians to develop an approach that will be effective for the child.

Serving Meals in an Integrated Setting

Our School Food authority must provide all meal services in the most integrated setting appropriate to the needs of the disabled child. *Per 7 CFR part 15b.26(d)*. Exclusion of any child from the Program environment is not considered an appropriate or reasonable modification. For example, a child may not be excluded from the classroom and required to sit in the hallway during the service of “breakfast in the classroom” as this is not an appropriate or reasonable modification. Similarly, while it may be appropriate to require children with very severe food allergies to sit at a separate table to control exposure, it is not appropriate or acceptable to simultaneously use this table to segregate children as punishment for misconduct.

Accessibility

7 CFR 15b.26(d)(2) provides: "Where existing food service facilities are not completely accessible and usable, recipients may provide aides or use other equally effective methods to serve food to handicapped persons."

Medical Statement Form

The appropriate medical statement form to request special meals and/or accommodations is available at the front desk of the school and on our website. The form is also on the following pages. Should there be any questions please contact our Café Manager - Sheila Butler (386) 668-8911

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MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School Name		2. School Telephone Number							
3. Student Name		4. Age or Date of Birth							
5. Parent or Guardian Name		6. Telephone Number							
7. Check One: <input type="checkbox"/> The student has a disability or a medical condition and requires a special meal or accommodation (Refer to the definitions on page 2). Schools participating in the National School Lunch Program must comply with requests for special meals and any adaptive equipment. <u>A state licensed health care professional authorized to write medical prescriptions must sign this form.</u> <input type="checkbox"/> The student does not have a disability but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools participating in the National School Lunch Program are encouraged to accommodate reasonable requests.									
8. Disability or medical condition requiring a special meal or accommodation:									
9. If the student has a disability, provide a brief description of the student's major life activity affected by the disability:									
10. Diet prescription and/or accommodation: <i>Please describe in detail to ensure proper implementation – use extra pages if needed.</i>									
11. Indicate texture modification request (if applicable): <input type="checkbox"/> Ground <input type="checkbox"/> Soft <input type="checkbox"/> Pureed <input type="checkbox"/> Liquid									
12. Foods to be omitted and substitutions (if applicable): <i>Please list specific foods to be omitted and suggested substitutions – use extra pages if needed.</i> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; text-align: center;">Foods to be Omitted</th> <th style="width: 50%; text-align: center;">Suggested Substitutions</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>				Foods to be Omitted	Suggested Substitutions	_____	_____	_____	_____
Foods to be Omitted	Suggested Substitutions								
_____	_____								
_____	_____								
13. Adaptive Equipment:									
14. Parent of Guardian Signature			15. Date						
16. Preparer's Signature	17. Printed Name		18. Date						
19. Medical Authority's Signature*	20. Printed Name	21. Telephone Number	20. Date						

* For students with a disability, a state licensed health care professional authorized to write medical prescriptions must sign this form. Includes: Licensed Physicians (MD, DO), Advanced Registered Nurse Practitioners (ARNP), and Physician's Assistants (PA).

INTERNAL USE ONLY:

Date Received by School:	Date Placed in Student Health Record:	Date Copy Given to Food Service:
Recipients Signature:	Filer's Signature	Recipients Signature:

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MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS INSTRUCTIONS

1. **School Name:** Print the name of the school that is providing the form to the parent or guardian.
2. **School Telephone Number:** Print the telephone number of the school.
3. **Student Name:** Print the name of the student to whom the information pertains.
4. **Age or Date of Birth:** Print the age of the student. For infants, please use date of birth.
5. **Parent or Guardian Name:** Print the name of the person requesting the student's medical statement.
6. **Telephone Number:** Print the telephone number of the parent or guardian.
7. **Check One:** Check (✓) a box to indicate whether the student has a disability or does not have a disability.
8. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.).
9. **If the Student has a Disability, Provide a Brief Description of the Student's Major Life Activity Affected by the Disability:** Describe how the physical or medical condition affects the student (e.g., allergy to peanuts causes a life-threatening reaction).
10. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe a diet modification requested for a non-disabling condition (e.g., all foods must be either in liquid or pureed form; student cannot eat solid foods).
11. **Indicate Texture:** Check (✓) a box to indicate the type of texture of food that is required. If the student does not need any modification, skip this question.
12. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk). If specific foods do not need to be omitted, skip this question.
Suggested Substitutions: List specific foods to include in the diet (e.g., calcium-fortified milk).
13. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining (e.g., a sippy cup, a large handled spoon, blender).
14. **Parent or Guardian Signature:** Signature of the person requesting the student's medical statement.
15. **Date:** Print the date the parent or guardian signed the document.
16. **Preparer's Signature:** Signature of the person completing the form.
17. **Printed Name:** Print the name of the person completing the form.
18. **Date:** Print the date the preparer signed the form.
19. **Medical Authority's Signature:** Signature of the medical authority requesting a special meal or accommodation.
20. **Printed Name:** Print the name of the medical authority.
21. **Telephone Number:** Print the telephone number of the medical authority.
22. **Date:** Print the date the medical authority signed the form.

DEFINITIONS*

"A Person with a disability" is defined as any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

"Physical or mental impairment" means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness and specific learning disabilities.

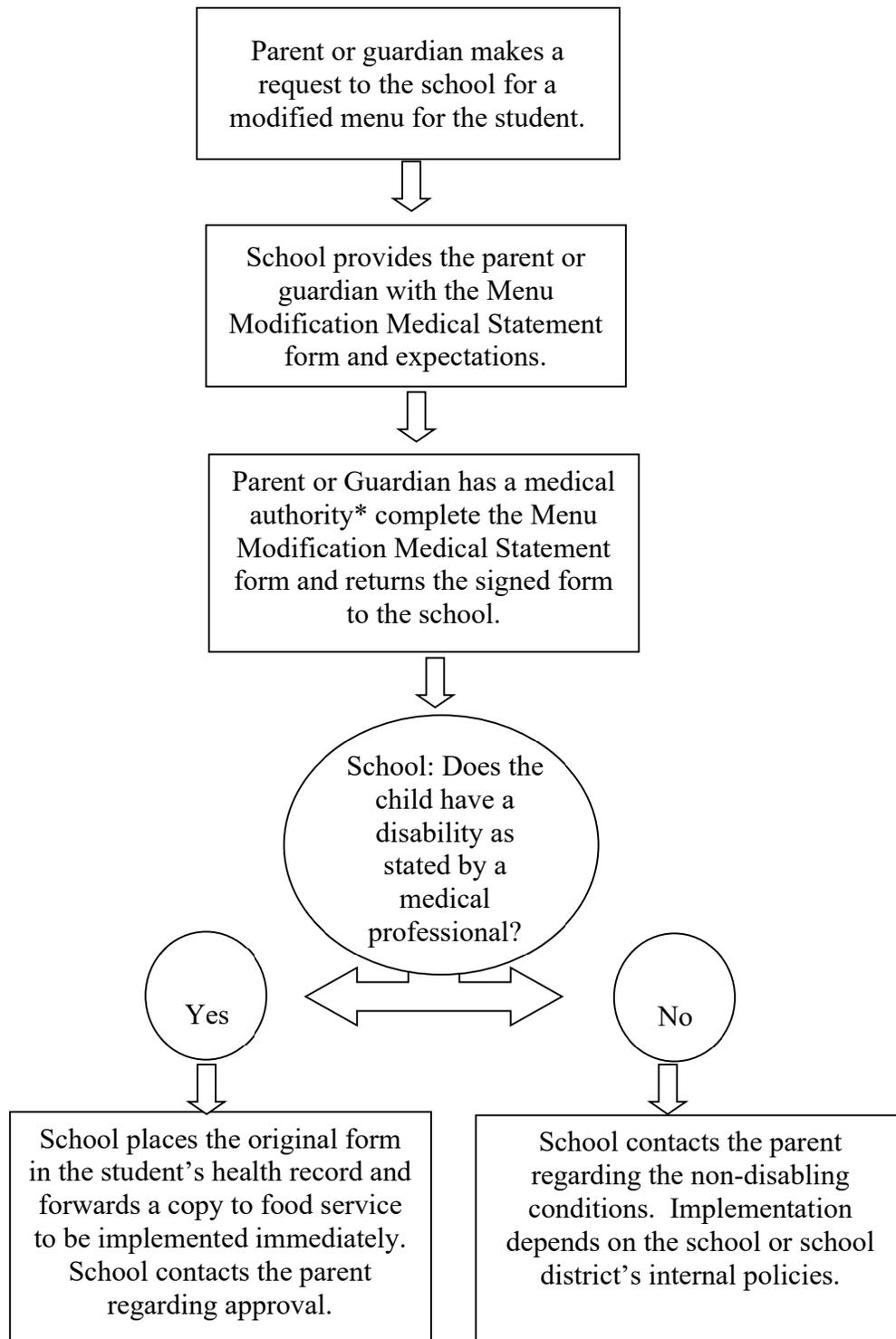
"Major life activities" include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.

"Has a record of such an impairment" is defined as having a history of or has been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

(*Citations from Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990)

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SUGGESTED FLOW FOR HANDLING MENU MODIFICATION REQUESTS



* For students with a disability, a state licensed health care professional authorized to write medical prescriptions must sign this form. Includes: Licensed Physicians (MD, DO), Advanced Registered Nurse Practitioners (ARNP), and Physician's Assistants (PA).