

BY KELSEY CASSELBURY

Accommodating special diets is the right thing to do—and it's the law. Brush up on the basics of menu modifications.

FOR ALL THE CRITICISMS AND MISPERCEPTIONS that outsiders might cast about the federal school meal programs, there's one facet that is beyond reproach: Children who attend public schools that operate the National School Lunch and School Breakfast Programs must have an equal opportunity to participate and benefit from school meals. Full stop. End of story.

School Nutrition readers go to great lengths to make the cafeteria a welcoming place for all students. And this includes children with disabilities—some of whom can't eat the reimbursable meals available to their peers. To comply with the Americans With Disabilities Act of 1990 (ADA), the school nutrition team must make menu modifications and other accommodations to ensure that these students, too, have equal access to healthy school meals. And while SN is confident that most of its readers fully embrace the intent of this requirement, the practical logistics of doing so can be a source of confusion and anxiety.

Directors probably have thick, three-ring binders stuffed with guidance and instruction for regulatory compliance regarding all manner of special needs diets. Someone at your state agency is also sure to be an expert on the requirements, so that should be your first call when faced with a new special diet request. But consider this article an introductory overview, designed especially for those new to school nutrition, new to supervisory responsibilities or new to disability accommodations.

DISABILITIES AND SCHOOL NUTRITION

Let's start with a brief digest on the ADA: In its broadest sense, this civil rights law protects against discrimination of individuals who have physical and/or mental disabilities. To qualify as a disability, the condition must substantially limit "one or more life activities." Here's where school nutrition fits in: One of the included "life activities" is eating.

In 2008, the passage of the ADA Amendments Act essentially classified most physical and mental impairments as disabilities. It is not up to the school nutrition professional or department to determine whether (or agree that) a child's condition is a "legitimate" disability—it nearly always is. Your focus should be on learning what is needed to ensure affected children can participate in the school's meal programs.

That said, it's also important to know when accommodations are *not* required. For example, if a student is diagnosed with celiac disease, the school nutrition department must ensure that he or she has access to a gluten-free meal. However, if the child's parent requests a gluten-free alternative

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because they perceive it as a healthier choice, then it's not considered a disability, and you are not under any obligation to make a special meal available.

MAKING IT OFFICIAL

Before we move on to reviewing some of the more common special diet requests you're most likely to encounter, let's touch on the documentation that parents and schools must complete together to manage a student's special needs. There are two types of plans designed to outline the accommodations for a student's disability: the Individualized Education Plan (IEP) and a 504 Plan. What's the difference?

▶ ▶ TEP: An IEP is created for students with a disability who are eligible to receive special education and/or related services in the school. It's mandated by the Individuals with Disabilities Education Act (IDEA). The IEP will detail everything from annual academic goals, supplementary aids and services, assistive technology and any accommodations the student requires in the classroom, the cafeteria and anywhere else in the school.

♦ ♦ • 504 Plan: A 504 Plan covers students who don't qualify for special education services but still require certain accommodations because of a disability. It's named for Section 504 of the Rehabilitation Act of 1973 and is a civil rights law.

The school nutrition department is responsible for carrying out the aspects of the documentation that relate to foodservice. There are a lot of moving parts to an IEP or 504 Plan, and the school nutrition team must work closely with other school staff responsible for coordinating special needs services to ensure that the student is receiving safe, nutritious meals. Keep in mind that all talk of disabilities as related to food also includes food allergies of all severities—so that's a good place to start.

THE ALLERGIC ELEPHANT IN THE ROOM

Were you aware that food allergies are considered a disability? What you might not realize is that the allergy *doesn't* have to be life-threatening to be categorized as a disability; even minor symptoms of an allergic reaction give that student the right to meal modifications.

Part of the foodservice department's responsibility to protect students with food allergies will be to follow HACCP principles and other food safety protocols to prevent cross-contamination of allergens. The director or manager also will be tasked with preparing a Food Allergy & Anaphylaxis Emergency Care Plan (formerly the Food Allergy Action Plan). Special seating arrangements for students with severe allergies might also be needed. Strict food bans are not part of any USDA policies, but an individual

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school or district may opt to make that call. (If consulted on the matter, be sure to note the liabilities associated with the school attempting to ensure that the specific allergen is *never* present—inside or outside the cafeteria.)

UNDERSTANDING PHYSICAL AND MENTAL DISABILITIES

The list of ways or reasons a student might have a medical conflict with a menu that's already in place is so long that it's simply not possible to cover them all in one magazine. (In fact, even if they were all covered, a parent would probably show up next year with a doctor's diagnosis explaining a legitimate disability that no one in the district had ever considered.) Some of the menu modifications that you're most likely to manage include:

Lactose-Free Diet.

Fluid milk substitution is one of the most common modifications requested, but the choice of substitution must meet USDA's requirements for



nutrients. [Editors' Note: For more information, see "Dairy Done Right," August 2018.] Requests to substitute milk with water or juice must be confirmed with a medical statement.



Gluten-Free Diet. Celiac disease is an autoimmune disorder that causes damage to the small intestine after consumption of even very small amounts of gluten. However, it's important to note that a student can have another medical intolerance

to gluten that constitutes a disability without suffering from celiac disease. (For more details on gluten-free diets, see "Gluten Be Gone?" on page 56.)

Low- or High- (Insert Specific Nutrient Here) Diet. Students diagnosed with phenylketonuria, a rare genetic disorder, require

a low-protein diet, while those with

Crohn's disease often need a high-protein diet. Students with diabetes must keep an eye on their intake of carbohydrates, particularly sugar, and kids with kidney issues need meals low in salt, potassium and protein.

In other words, there are many medical conditions that are managed with increases or decreases to certain nutrients. The extent of menu modifications required will depend on a variety of factors. In some cases, you may be asked simply to provide data, such as the carb counts of particular meals or individual items.

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Textural or Aesthetic

Issues. Some students with mental health or emotional disorders, such as autism, might have textural problems with certain foods or sensory sensitivities that require menus limited to foods of a certain color. Remember, any physical or mental impairment that prevents a student from eating is considered a disability, so this includes any food issues that stem from mental health disorders.



Swallowing Problems. Whether it's due to physical or mental issues, swallowing problems (clinically known as dysphagia) make it difficult for a student to eat effectively. This condition can stem from a problem with the vocal cords, teeth, tongue or tonsils, among many other body parts, or it could be a result of developmental delays or sensory issues. The cafeteria may be asked to blend the ingredients of a school meal to a purée the student can consume through a

Selective Eating. Officially

known as Avoidant-Restrictive Food Intake Disorder (ARFID), Selective Eating Disorder

is officially recognized in the Diagnostic and Statistical Manual of

Mental Disorders, Fifth Edition (DSM-5). Of course, this condition manifests itself in more than just picky eating. Instead it refers to a disorder that's characterized by the inability to meet nutritional requirements because of color, texture or smell, or the fear of choking or getting sick. Those who suffer from ARFID might have a list of "safe" foods to menu. These typically are limited to specific foods or even certain brands. This condition is often related to autism or anxiety disorder.



School nutrition programs serving students with a disability and requiring meal modifications are legally required to make such accommodations. But it's not just a matter of asking a student to exclude a particular item when collecting the components of a reimbursable meal. Each student must have the ability to select *all* the food components that are available to other children. Thus a child who suffers from

celiac disease can't simply skip the grain component for the day; she or he must be offered a gluten-free grain option.

That's not to say that you must serve an identical meal to all students. If the menu calls for lasagna, there's no need to have lasagna with lactose-free cheese for one child, lasagna with gluten-free noodles for another and lasagna without beef for a third who needs low-protein meals. Instead, school nutrition operators can provide *alternative* meals that meet the modification request.

LET'S TAKE THIS OPPORTUNITY TO ADDRESS SOME COMMON LOGISTICAL QUESTIONS ABOUT SPECIAL DIETS:

WHEN IS A MEDICAL STATEMENT REQUIRED?

According to the federal government, modifications that can be made *within* the meal pattern *do not* require support of a medical statement. For example, if a student is allergic to a certain type of fruit, say strawberries, the cafeteria can swap in a banana for his or her meal. All a parent or guardian must do is make an official request.

While that's the *national* requirement, a state or local agency might require a statement from a medical professional. It could also be a requirement mandated by local district policy.

If the meal modification means straying from the required meal pattern, though, your operation will only be reimbursed if there's a statement on file that's been signed by a doctor, nurse practitioner or physician's assistant (i.e. anyone who is authorized to write prescriptions). It's important to note that your team shouldn't delay in making the meal modification waiting for a medical statement. Your first priority is doing what's necessary to keep the child safe.

WHAT DETAILS MUST THE MEDICAL STATEMENT INCLUDE?

Make sure that parents know the particulars to include on a medical statement:

- Sufficient information about the impairment as it relates to the student's diet to be easily understood by those in the department;
- 2. An explanation of how to accommodate the disability;
- 3. The foods that must be removed, as well as any recommended alternatives; and4. If there's a modification request that involves portion
- sizes, the larger or smaller amount must be detailed. If necessary, a healthcare professional might go above and beyond in providing information about a child's required diet. (Quick note: Once the school nutrition department has a medical statement on file, it doesn't need to be updated unless it changes. The program will continue to receive reimbursement as long as there is a statement

HOW IS THE MEAL REIMBURSED?

The school nutrition program will receive reimbursement for modified meals, based on the student's eligibility for free, reduced-price or paid meals, even if the menus don't meet meal pattern requirements (as long as there's a medical statement on file). However, it's important to note that programs won't receive *extra* funds to cover the cost of, say, serving larger portions, even if the medical statement details it as a requirement.

Most accommodations will have an insignificant impact on the budget. You're not allowed to charge a student with a disability any extra to make up a cost difference between their meals and standard meals. If the situation is dire and the nonprofit school foodservice account can't cover extra costs, there might be an opportunity to reach into special education funds if the disability is spelled out in a student's IEP (though not if the modification stems from a 504 Plan).

CAN A MODIFICATION REQUEST BE DECLINED?

Sometimes, despite the best of intentions, it's just not possible for a school to make accommodations for a student. Declining a meal modification for a student's disability is *strongly* discouraged but can be done if a meal modification request is so drastic that it would change the essential nature of the program, according to USDA.

There is, though, a possibility to decline just one part of a modification request: brand names. Sometimes, a medical statement might name a certain brand for a product substitute, but it may be possible to offer a generic version instead. It's not something to decide on your own, though—work with the parents of the individual child to ensure that it's a safe substitution.

WHAT RECORDS SHOULD I KEEP ON HAND?

Keep copies of all medical statements on file. During the Administrative Review process, your state agency might request to review such statements to verify that modification requests are being followed properly.

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on file.)

NOTICE USDA

USDA requires schools to notify students and their families that the school nutrition department provides meal modifications as a way to ensure people with disabilities don't face discrimination. To guarantee that the community knows about the opportunity, consider following these USDA-encouraged recommendations:

SAFE AND HAPPY STUDENTS

If these requirements seem overwhelming, take a breath and remind yourself that in most schools, the number of students requiring special diets usually represents a very small percentage of the overall enrollment. So, smile—you've got this! Once again, you're taking steps to look out for every student, helping to make their lives a little easier and their futures a little brighter. SN

Kelsey Casselbury is a contributing editor for School Nutrition and a former managing editor of the publication. When distributing applications for free and reduced-price meals, include information about requesting modifications.

Display a poster with information about disabilities and modifications near the school's entrance, in the main office and near the entrance of the lunchroom.

Include a section about this opportunity in the student handbook.

Add a section on the foodservice web pages or wherever digital lunch menus are regularly posted.



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