



Island Park Union Free School District

Meal Modification Plan

Accommodating Individuals with

Disabilities in our 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 ADAAA.
- 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

Major Bodily Functions:

Digestive immune system, respiratory, circulatory, neurological/brain

Major Life Activities

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

Major Bodily Functions

- 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
- 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
- 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:

- The food to be avoided (allergen)
- Brief explanation of how exposure affects the student
- Recommended substitute(s)

Food Service Helpers' Role

- Tracking Dietary Intake
- Food Safety/Sanitation
- Tracking special circumstances:
 - Portion Sizes
 - Brand Name Requests
 - Offer vs. Serve
 - Procurement of Special Meal

This meal modification plan will be available to all parents/guardians on our district website (www.ips.k12.ny.us). 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 our Pupil Personnel Office at 515-434-2620 or by emailing our Director of Pupil Personnel Services and 504 Coordinator, Mr. Jacob Russum, at jrussum@islandparkschools.org. 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.

APPENDIX A



Island Park UFSD Request for Meal Modifications

Student/Participant Name

Date of Birth

Parent/Guardian Name

Phone

Mailing Address

City/State/Zip

School/Center/Site

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.

1. **Describe the impairment and how it restricts the child's diet** (i.e., how the ingestion/contact with the food impacts the child):
2. **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):
3. **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).