USDA-FNS

Accommodating Children with Disabilities in the School Meal Programs

Guidance for School Food Service Professionals

United States Department of Agriculture
Food and Nutrition Service
7/25/2017

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Introduction

The National School Lunch Program (NSLP) and School Breakfast Program (SBP) aim to provide all participating children, regardless of background, with the nutritious meals they need to be healthy. In order to operate the Programs, school food authorities (SFAs) must enter into an agreement with their respective State agency. As part of this agreement, SFAs must comply with the United States Department of Agriculture (USDA) regulation *Non Discrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance* [7 CFR 15b]. This includes ensuring children with disabilities have an equal opportunity to participate in and benefit from the NSLP and SBP.

According to the U.S. Census Bureau, 2.8 million school-aged children were reported to have a disability in 2010.[1] It is imperative that SFAs recognize the importance of ensuring access to meal benefits and understand their obligation to provide reasonable modifications for children with disabilities.

Recent Guidance

On September 27, 2016, USDA's Food and Nutrition Service (FNS) issued SP 59-2016: *Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs*. To view SP 59-2016, visit: http://www.fns.usda.gov/policy-memorandum-modifications-accommodate-disabilities-school-meal-programs. This memorandum replaced FNS Instruction 783-2, Rev. 2: *Meal Substitutions for Medical or other Special Dietary Reasons* as the instruction relates to the School Meal Programs. Consistent with Federal law and Program regulations, SP 59-2016 requires SFAs to make reasonable modifications to accommodate children with disabilities. This includes providing special meals, at no extra charge, to children with a disability which restricts their diet.

To better align with Congressional intent, the memorandum incorporated important changes to the interpretation of the term "disability" included in the Americans with Disabilities Act (ADA) Amendments Act of 2008. Additionally, the memorandum emphasized the main focus for SFAs

[1] Brault, M. W. (2011, November). School-Aged Children With Disabilities in U.S. Metropolitan Statistical Areas: 2010. Retrieved November 1, 2016: https://www.census.gov/prod/2011pubs/acsbr10-12.pdf

should be working collaboratively with families so that children with disabilities have an equal opportunity to participate in and benefit from the NSLP and SBP. SFAs and local educational agencies (LEAs) should not be engaged in weighing medical evidence against legal requirements in order to determine if a medical or physical condition meets the definition of a disability. After the passage of the ADA Amendments Act, most physical and mental impairments constitute a disability.

Additionally, on May 1, 2017, FNS issued SP 26-2017: *Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As)*. The Q&As discuss relatively common situations which have raised questions in the past and provide direction for SFAs working to ensure children with disabilities have an equal opportunity to participate in the School Meal Programs. The Q&As are available at: https://www.fns.usda.gov/school-meals/accommodating-disabilities-school-meal-programs-guidance-and-qas.

This Resource

This resource is a companion piece to SP 59-2016 and SP 26-2017, and is designed to provide additional guidance on how the broader vision of the ADA can be implemented in school cafeterias nationwide.

This resource includes information about:

- Statutory and Departmental requirements to modify policies, practices, and procedures to accommodate children with disabilities;
- Developing Procedural Safeguards for modification requests;
- Making a modification to Program meals or the meal service area;
- Reimbursement for modified meals;
- The option to accommodate food preferences for children without disabilities; and
- Additional resources SFAs and schools can use in their efforts to build a safe, inclusive environment for children with disabilities.

Please note: this resource does not cover every situation SFAs may encounter related to disabilities and reasonable modifications. Circumstances often vary, and each situation should be considered on a case-by-case basis. SFAs and schools should direct specific questions to the State agency if they are unsure how to proceed.

While this guidance will focus primarily on reasonable modifications in the NSLP and SBP, the information also applies to the Fresh Fruit and Vegetable Program (FFVP), the Special Milk Program (SMP), the afterschool snack component of the NSLP, and the Seamless Summer Option (SSO). For guidance on accommodating disabilities in the Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP), please see CACFP 14-2017, SFSP 10-2017: *Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program*, June 22, 2017, https://www.fns.usda.gov/modifications-accommodate-disabilities-cacfp-and-sfsp.

SFAs should be aware that while the school food service is specifically responsible for providing the necessary meal modifications for children participating in the School Meal Programs, the overall responsibility for accommodating children with disabilities rests with the school district. State agencies are ultimately responsible for ensuring school districts comply with disability law requirements. In addition, schools are reminded that they may have additional obligations to children with disabilities under Federal law, beyond the scope of FNS guidance.

Statutory and Regulatory Requirements

A growing body of Federal law clearly requires schools to protect the rights and privileges of children with disabilities, and to ensure they have equal access to benefits when compared to children without disabilities. SFAs that fail to make appropriate meal modifications for children with disabilities could be found in violation of Federal civil rights laws. This section provides an overview of statutory and regulatory requirements related to disability accommodations.

The Rehabilitation Act of 1973

The Rehabilitation Act of 1973 (Public Law 93-112)[2] prohibits discrimination on the basis of disability in any Federal Government program that receives Federal financial assistance. Even one dollar of Federal money brings the entire scope of operations within the jurisdiction of Section 504, regardless of whether the requested modification is related to the part of the operations receiving Federal money. The law includes, "a local educational agency (as defined in Section 9901 of Title 20), a system of vocational education, or other school system" as entities covered by the Rehabilitation Act.

Specifically, Section 504 of the Rehabilitation Act states:

> *"No otherwise qualified individual with a disability in the United States, as defined in section 705(20) of this title, shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service."*

USDA's implementing regulations for Section 504 of the Rehabilitation Act are incorporated at 7 CFR 15b.

The Americans with Disabilities Act of 1990, As Amended

By law, recipients of Federal financial assistance must make reasonable modifications to accommodate children with disabilities. Title II of the Americans with Disabilities Act of 1990, as amended (Public Law 101-336, 42 U.S.C. 12101, ADA)[3] prohibits discrimination based on disability in the provision of State and local government services, including services provided by public schools. Title III of the ADA prohibits discrimination based on disability by private entities offering public accommodations, including private schools.

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[2] P.L. 93-112, 93rd Congress, H.R. 8070, September 26, 1973: https://archive.org/stream/publiclaw931129300unit#page/n1/mode/2up

[3] P.L. 101-336,101st Congress, S. 933, July 26, 1990: https://www.govinfo.gov/content/pkg/STATUTE-104/pdf/STATUTE-104-Pg327.pdf

After the passage of the ADA Amendments Act, most physical and mental impairments constitute a disability.

The ADA Amendments Act of 2008 (Public Law 110-325, 42 U.S.C. 12101)[4] was signed into law on September 25, 2008. The primary purpose of the ADA Amendments Act was, "to carry out the ADA's objectives for providing a 'clear and comprehensive national mandate for the elimination of discrimination' and 'clear, strong, consistent, enforceable standards addressing discrimination' by reinstating a broad scope of protection available under the ADA." The ADA Amendments Act also emphasized the definition of disability should be "construed in favor of broad coverage… to the maximum extent permitted."

According to the ADA the term 'disability' means:

- A physical or mental impairment that substantially limits one or more major life activities of such individual;
- A record of such an impairment; or
- Being regarded as having such an impairment.

The ADA lists several examples of "major life activities" that could be impacted by a disability. According to the statute, "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.

School Food Service Scenario

Question: A child with autism is very sensitive to food textures, and will only eat foods with a smooth texture. Is the child's condition considered a disability, and if so, must the school food service make a modification for the child?

Response: Yes. According to the ADA, any physical or mental impairment impacting the "major life activity" of eating is considered a disability. Some children with autism have sensory sensitivities and prefer food of a certain texture or color. They may require the same foods every day and need to maintain a regular routine. If a child's autism impacts their ability to consume Program meals, the SFA must provide a reasonable modification.

[4] P.L. 110-325, 110th Congress, S. 3406, September 25, 2008: https://www.congress.gov/110/plaws/publ325/PLAW-110publ325.pdf

Significantly, the ADA includes “major bodily functions” as major life activities. Examples of major bodily functions include (but are not limited to): functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

According to the ADA, physical or mental impairments do not need to be life threatening to constitute a disability. For example, a food allergy does not need to cause anaphylaxis in order to be considered a disability. A non-life threatening allergy may be considered a disability and require a meal modification, if it impacts a major bodily function or other major life activity. A child’s impairment also may be considered a disability even if medication or other mitigating measures reduce the impact of the impairment.

Further, if a disability is episodic, and when active substantially limits a major life activity, the child must be provided a reasonable modification. The question of whether a temporary impairment is a disability must be resolved on a case-by-case basis, taking into consideration both the duration (or expected duration) of the impairment and the extent to which it actually limits a major life activity of the affected individual. Even if the condition is temporary, but severe and lasts for a significant duration, SFAs must provide a reasonable modification for the duration of the condition. For example, if a child was involved in a serious accident and is unable to consume food for a significant period of time unless the texture is modified, the school must make a modification for the child, even though the child is not “permanently” disabled. On the other hand, a cold, the flu, or a minor broken bone are generally not considered conditions that require a reasonable modification to Program meals.

However, general health concerns, such as a preference that a child eat a specific diet because the parent or guardian believes it is healthier for the child, are not disabilities and do not require a modification.

School Food Service Scenario

Question: A school food service professional assumes a child’s condition is not a disability because it is not listed under “categories of disease and conditions” in the ADA Amendments Act. Is this assumption correct?

Response: No. This assumption is not correct. As noted in the law, the “categories of diseases and conditions” are not meant to be all inclusive. Therefore, more conditions will meet the definition of disability than are listed in the ADA. Each situation must be considered on a case-by-case basis.

The Individuals with Disabilities Education Act

Schools should be aware of the Individuals with Disabilities Education Act of 1990 (Public Law 94-142, 20 U.S.C. 1400, IDEA)[5] as amended. The U.S. Department of Education's (ED) implementing regulations for IDEA may be found at 34 CFR Part 300. IDEA requires each public agency to take steps to ensure children with disabilities have an equal opportunity to benefit from extracurricular services and activities, including meals.

IDEA requirements may impact the service of meals, even when a meal service is not required by FNS. Any nutrition-related services included in a child's individualized education program (IEP) deemed necessary for the child to receive a free appropriate public education must be provided at public expense and at no cost to the child's family. Part B of IDEA funds may be used for this purpose. For more information, see: *Covering Modified Meal Costs*.

When nutrition services are required under a child's IEP, the LEA may choose to have the SFA handle this responsibility. Please note: FNS does not reimburse SFAs for meals provided to children with disabilities beyond the meals provided to other children. For example, if an SFA does not operate the SBP, the SFA will not receive reimbursement from USDA for breakfast meals served to accommodate a child with a disability under an IEP or 504 Plan. However, schools are reminded that they may have additional obligations to children with disabilities under the IDEA, beyond the scope of FNS guidance.

SFAs with inquiries regarding IDEA requirements should contact their State education agency. State agency contact information is available on ED's website: https://www2.ed.gov/about/contacts/gen/index.html.

USDA Regulatory Requirements

USDA's implementing regulations for Section 504 of the Rehabilitation Act are included at 7 CFR 15b, *Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance*. As noted, the Rehabilitation Act prohibits discrimination on the basis of disability in Federal Government programs, including programs operated by recipients of Federal financial assistance. According to Departmental regulations, "recipient" means:

> *"…any State or its political subdivision, any instrumentality of a State or its political subdivision, any public or private agency, institution, organization, or other entity, or any person to which Federal financial assistance is extended directly or through another recipient, including any successor, assignee, or transferee of a recipient, but excluding the ultimate beneficiary of the assistance."* [7 CFR 15b.3]

[5] P.L. 94-142, 94th Congress, S. 6, November 29, 1975: http://uscode.house.gov/statutes/pl/94/142.pdf

At 7 CFR 15b.4(b)(1), USDA prohibits the following discriminatory actions:

- Denying a person with a disability the opportunity to participate in or benefit from the recipient's aid, benefit, or services.
- Providing a person with a disability an opportunity to participate that is not equal to the opportunity provided to others.
- Providing a person with a disability an aid, benefit, or service that is not as effective as the aid, benefit, or service provided to others.
- Providing a person with a disability a different aid, benefit, or service, unless doing so is necessary to provide an aid, benefit, or service that is as effective as those provided to others.

Specific guidelines for recipients operating public elementary or secondary schools are included at 7 CFR 15b.22. These recipients must provide a free appropriate public education to all children with disabilities within their jurisdiction, regardless of the nature or severity of a child's disability. No additional fees, except those also imposed on the families of children without disabilities, may be imposed on the families of children with disabilities [7 CFR 15b.22(c) and 7 CFR 15b.26(d)].

The requirement to accommodate children with disabilities is also included in Program regulations at 7 CFR 210.10(m) and 7 CFR 220.8(m):

> *"Schools must make substitutions in lunches and afterschool snacks for students who are considered to have a disability under 7 CFR 15b.3 and whose disability restricts their diet."* [7 CFR 210.10(m)]

Sometimes, children require meal modifications that diverge from the Program meal pattern. In order to receive Federal reimbursement for modified meals that do not meet the Program meal pattern requirements, SFAs must require a written medical statement signed by a State licensed healthcare professional. Although it is not required by FNS, SFAs may choose to request a written medical statement from a State licensed healthcare professional in support of a request for a modification within the Program meal pattern. SFAs will be reimbursed for a modified meal that is within the meal pattern, regardless of whether they have obtained a written medical statement. For more information, see *Making a Meal Modification*.

Additionally, Departmental regulations require recipients to notify participants, beneficiaries, and applicants that they do not discriminate on the basis of disability and to identify the individual responsible for providing modifications [7 CFR 15b.7(a)]. SFAs are encouraged to make the process of requesting a meal modification as simple and straightforward as possible.

For example, SFAs are encouraged to:

- Include information about modification requests when sending out applications for free and reduced price school meals;
- Post a flyer with information about modification requests at the entrance of the school and/or school cafeteria;
- Include information about modification requests in student handbooks, provided to families annually; and/or
- Post information about modification requests in the same place school lunch menus are posted on school or district websites.

School Food Service Scenario

Question: A parent or guardian requests a modification to accommodate their child's Celiac disease. The food service director has a family member with Celiac disease, and feels the modification request should be changed to match their own family member's approach to managing Celiac disease. Is this allowed?

Response: No. Assumptions or stereotypes regarding certain conditions or individuals should never drive modification decisions. Each situation must be assessed individually, and modifications must be made on a case-by-case basis.

Meal Modifications

SFAs must notify families of the process for requesting meal modifications and the individual responsible for coordinating modifications [7 CFR 15b.7(a)]. According to Departmental regulations, methods of initial and continuing notification may include:

- The posting of notices,
- Placement of notices in relevant publications,
- Radio announcements, and
- The use of other visual and auditory media.

As part of this notification, SFAs should explain when parents and guardians need to submit supporting documentation for their child's modification request. At the Federal level, a medical statement is required in order for SFAs to receive reimbursement for meal modifications that do not follow the Program meal pattern. Requirements for the medical statement are included in *Modifications Outside of the Meal Pattern.*

If a meal modification for a child's disability can be made within the Program meal pattern, a medical statement is not necessary and FNS does not require SFAs to obtain a medical statement. State agencies and/or SFAs, however, may choose to require a medical statement in this situation.

School Food Service Scenario

Question: A child required a modification outside the Program meal pattern for her food allergy in the previous school year. Must the SFA obtain an updated medical statement at the start of the next school year?

Response: FNS does not require SFAs to obtain updated medical statements on a regular basis. Once the medical statement is accepted, SFAs will continue to receive reimbursement as long as the medical statement is on file. However, SFAs are responsible for ensuring that medical statements on file reflect the current dietary needs of participating children and may require updates as necessary to meet their responsibilities. SFAs should carefully consider the burden obtaining additional medical statements could create for parents and guardians when establishing such requirements.

Modifications within the Meal Pattern

SFAs may receive reimbursement for a meal modification request without a medical statement when the modification can be made within the Program meal pattern. For example, if a child has an allergy to one fruit or vegetable, the SFA can simply substitute another fruit or vegetable in the child's meal. In situations where the SFA does not obtain a medical statement, FNS strongly encourages SFAs to make note of the actions taken to accommodate a child's disability. Doing so helps to safeguard children in all areas of the school environment and protects children in situations where substitute staff members who may be unfamiliar with their needs are working in the cafeteria.

In addition, although it is not required at the Federal level, State or local agencies may choose to require a medical statement for meal modifications within the Program meal pattern. SFAs must follow any State and local policies regarding requirements for obtaining a medical statement.

Modifications Outside of the Meal Pattern

Certain physical or mental impairments require meal modifications that do not follow the required Program meal pattern. In a disability situation, meal modifications outside the meal pattern are reimbursable, provided the request is supported by a medical statement signed by a State licensed healthcare professional (see: *Reimbursement for Modified Meals*).

When the medical statement is required (i.e., when the modification does not meet meal pattern requirements) the medical statement must include:

- Information about the child's physical or mental impairment that is sufficient to allow the SFA to understand how it restricts the child's diet,
- An explanation of what must be done to accommodate the child's disability, and
- The food or foods to be omitted and recommended alternatives, in the case of a modified meal.

In other cases, more information may be required. For example, if the child requires caloric modifications or the substitution of a liquid nutritive formula to accommodate a disability, this information must be included in the statement.

If the child's IEP or 504 Plan includes the information required in the medical statement, or if the SFA obtains written medical verification of the impairment during the IEP/504 Plan process, it is not necessary for the SFA to also obtain a separate medical statement. Using a team approach may help ensure the IEP includes the information needed to fulfill FNS requirements for the medical statement. Clear communication about the requirements for the medical statement can help reduce the burden for families, school food service professionals, and other school officials working to accommodate children in the school setting. As a best practice, team members are encouraged to keep information about meal modifications in a secure and known location within the food preparation area, so that school food service staff can easily determine the type of modifications needed for each child on any given day.

Note: The State agency may not require the written medical statement to provide a specific diagnosis by name or use the term "disabled" or "disability," though the State licensed healthcare professional may use these terms when submitting a medical statement. For further discussion of the written medical statement, please see page 6 of SP 59-2016.

State Licensed Healthcare Professionals

The medical statement must include the signature of an individual who is authorized to write medical prescriptions under State law. This may include a doctor, a nurse practitioner, or a physician's assistant. FNS guidance refers to individuals authorized to sign the medical statement as "State licensed healthcare professionals." For more information, see: SP 32 CACFP 13 SFSP 15-2015: *Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Programs*, March 30, 2015, https://www.fns.usda.gov/statements-supporting-accommodations-children-disabilities-cnp.

Understanding the Medical Statement

When a new medical statement is submitted, school food service professionals must work closely with the Section 504/ADA Coordinator (see: *Section 504/ADA Coordinator and Team*) or other designated officials so that the medical statement is clear and includes the information necessary to provide the child with safe and nutritious meals. Establishing contact with parents or guardians may help to ensure all information needed to provide a safe meal is available.

If a medical statement is provided and does not fully explain the modification needed, the SFA should immediately contact the child's parent or guardian for guidance and ask the family to provide an amended medical statement as soon as possible. However, clarification of the medical statement should not delay the SFA from providing a meal modification. SFAs should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible, while obtaining the additional information.

Records Management

SFAs must retain copies of medical statements when making modifications outside of the regular meal pattern in order to receive Federal reimbursement for the modified meals. State agencies have flexibility with regard to the method of recordkeeping, but the method selected must allow the State agency to review the justification during the Administrative Review. In situations where the medical statement is not necessary (i.e., the modification is within the Program meal pattern) FNS strongly recommends SFAs keep documentation on file acknowledging the child's disability. This documentation protects children in all areas of the school environment and minimizes any misunderstandings.

It is also extremely important for schools to protect the privacy of children who have a disability. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Family Educational Rights and Privacy Act of 1974 (FERPA) require medical information to be kept confidential. This includes medical information related to a child's disability. School officials are reminded that they may not request medical records or medical charts related to a child's disability as part of the medical statement. The school only needs to obtain the medical statement in order to receive Federal reimbursement for modified meals outside of the Program meal pattern. Schools also must follow confidentiality requirements under IDEA; any questions about IDEA should be directed to the Section 504/ADA Coordinator.

School Food Service Scenario

Question: A child who previously required a meal modification outside the Program meal pattern no longer requires modified meals. Must the SFA obtain an amended medical statement prior to ending the child's meal modification?

Response: FNS does not require SFAs to obtain written documentation from a State licensed healthcare professional rescinding the original medical order prior to ending a meal modification. However, FNS recommends that SFAs maintain documentation when ending a meal modification. For example, an SFA could ask the child's parent or guardian to sign a statement indicating their child no longer needs a meal modification before ending the modification.

Declining a Modification Request

SFAs generally should not decline to provide a meal modification to accommodate a child's disability, if the modification request is related to the child's physical or mental impairment and is supported by a medical statement. However, SFAs may decline a request for a meal modification that would fundamentally alter the nature of the Program. A fundamental alteration is a modification so drastic that it would change the essential nature of the Program. SFAs should work closely with families to prevent any misunderstandings before declining a modification request.

If an SFA concludes the cost of the modification would fundamentally alter the nature of its program, the SFA must prove it cannot afford to make the modification, based on all resources available to the LEA. For more information, see page 7 of SP 59-2016.

If an SFA declines a request, the SFA must, under the Procedural Safeguards requirements, ensure that the child's parent or guardian understands their right to:

- File a grievance if they believe a violation has occurred regarding the request for a reasonable modification;
- Receive a prompt and equitable resolution of the grievance;
- Request and participate in an impartial hearing to resolve their grievances;
- Be represented by counsel at the hearing;
- Examine the record; and
- Receive notice of the final decision and a procedure for review, i.e., right to appeal the hearing's decision.

For more information, see *Procedural Safeguards.*

School Food Service Scenario

Question: A child with a disability consumes their lunch at home every day. May the SFA receive reimbursement for meals served to this child?

Response: No. SFAs cannot receive reimbursement for meals provided to children at home. NSLP (and SBP) meals are intended to be served and consumed on school premises, with limited exceptions, such as during occasional school-sponsored field trips. Providing NSLP meals outside of school on a regular basis would fundamentally alter the nature of the Program.

Reimbursement for Modified Meals

In many cases, disabilities can be managed within the Program meal pattern. For example, a regular reimbursable meal with only textural modification (e.g., pureeing food for a child who recently underwent oral surgery) would still meet the meal pattern, as would a simple substitution of a fruit or vegetable component. Such a meal may be claimed for Federal reimbursement, regardless of whether the SFA obtains a medical statement for the child.

In other cases, a modification may result in the service of meals that do not meet the meal pattern requirements. SFAs will receive reimbursement for a modified meal outside of the Program meal pattern when the modification is supported by a medical statement signed by a State licensed healthcare professional (see: *Modifications Outside of the Meal Pattern*.) The SFA will be reimbursed based on the child's eligibility for free, reduced price, or paid meals. Additional costs may be paid from the nonprofit food service account.

For example, a child's medical statement indicates they cannot consume portion sizes equal to those outlined in FNS regulations at 7 CFR 210.10. Instead, the medical statement directs the SFA to provide smaller portion sizes. The SFA will be reimbursed for the meal, even though it does not meet the meal pattern requirements, based on the signed medical statement.

School Food Service Scenario

Question: A number of children at a high school receive modified meals due to a disability. The SFA has medical statements on file supporting all of the modified meals. Is the SFA eligible to receive the additional 6 cent reimbursement for compliance with the Program meal pattern?

Response: Yes. Modified meals that do not meet the meal pattern due to a disability are still eligible to receive the additional 6 cent reimbursement.

Covering Modified Meal Costs

Reimbursement for a modified meal is based on a child's eligibility for free, reduced price, or paid meals, regardless of the extent of the meal modification. SFAs will not receive additional reimbursement to cover the extra costs sometimes associated with providing a reasonable modification, and may not charge children with disabilities an extra fee for a modified meal. Meals must be served for free or at a reduced price to children who qualify, regardless of whether or not they receive a modified meal or a regular meal. SFAs may not charge children with disabilities more than they charge other children for Program meals.

Children with disabilities can often be accommodated with little extra expense or involvement, and in many cases, the SFA is able to absorb any additional expenses involved in making the modification. When necessary, however, SFAs may use funds from the nonprofit school food service account to cover the additional costs. When the nonprofit school food service account is not a viable option, the general fund or special education funds (if specified in the child's IEP) may be used to offset the cost.

Reimbursement While Waiting for a Medical Statement

Sometimes, SFAs receive a modification request outside the regular meal pattern before a child's parent or guardian is able to submit the required medical statement. If the SFA is aware a meal modification is needed, the SFA may not unduly delay providing the modification while awaiting the medical statement. Instead, the SFA should begin providing a reasonable modification to keep the child safe, and request the family provide a medical statement signed by a State licensed healthcare professional to support the meal modification as soon as possible.

In this situation, school officials must document the initial interaction with the family where school officials first learned of the child's need for a modification. School officials should follow up with the family if the school does not receive the requested medical statement as anticipated and maintain a record of this contact. Schools should continue to follow up until the family submits a medical statement supporting the need for a modification.

Meal Modifications and Substitutions

Once a disability determination has been made, SFAs are required to provide reasonable modifications to prevent discrimination on the basis of disability. A “reasonable modification” is a change or alteration in policies, practices, and/or procedures to accommodate a participating child’s disability. Reasonable modifications to effectively accommodate children with disabilities must be made on a case-by-case basis. A meal modification must be related to the disability or limitations caused by the disability.

Food Allergies

A child’s modification request extends to any food items and ingredients offered to the child. When accommodating a child’s food allergy, no food item offered to the child may contain traces of substances that may trigger an allergic reaction. For example, if a child has a peanut allergy, no foods served to the child may contain peanuts or include peanuts as an ingredient. This means food labels or specifications on food items children with allergies will consume must be checked for allergens. FNS recommends providing the child’s parent or guardian advance copies of breakfast and lunch menus so they can ask questions and raise any potential concerns.

If a food label for a product served in the Programs does not provide adequate information, it is the responsibility of the school food service to obtain the information necessary to ensure no allergic substances are present. This may be accomplished by contacting the supplier or manufacturer or checking with the State agency. Private organizations may also be consulted for information and advice.

The SFA must also provide the child with a safe environment to consume the meal. This includes ensuring proper storage, preparation, and cleaning techniques are used to prevent exposure to allergens through cross contamination, and may involve preparing a separate meal “from scratch” using ingredients allowed on the modified diet rather than serving a meal using processed foods. In general, school food professionals should exercise caution at all times, and should not serve foods to children with severe food allergies if the full ingredient list of a food product is not available. For more information, see: *Food Safety and Sanitation*.

As a best practice, schools should also make certain children understand the importance of not sharing food with their peers. This will help children better understand their role in preventing food allergy emergencies. Schools may consider integrating allergy education into other coursework. For example, schools could incorporate information about food allergies into a health and wellness lesson. For other ideas about managing food allergies in schools, including preventing food sharing and trading in the lunchroom, see *The Food Allergy Book:* https://www.fns.usda.gov/sites/default/files/ofs/foodallergybook_english.pdf.

School Food Service Scenario

Question: The "regular" menu item for lunch at the local middle school is whole grain rich pasta with cheese and vegetable toppings. Must the school food service director prepare whole grain rich pasta with *lactose-free cheese* and vegetable toppings for a child with lactose intolerance?

Response: No. In a disability situation, the meal modification or meal item substituted does not need to mirror the menu item offered each day. The SFA's responsibility is to serve the child a safe meal that accommodates their disability, not to mirror the Program meal served that day. In the example used in this question, the SFA would not be required to serve a whole grain rich pasta dish, and could instead serve a different meal that meets the child's modification request, such as a sandwich with whole grain rich bread.

Spotting Major Food Allergens

According to FDA, the following major food allergens account for 90 percent of all food-based allergic reactions:[6]

- Peanuts
- Milk
- Eggs
- Wheat
- Soy
- Tree nuts (e.g., almonds, pecans, or walnuts)
- Fish (e.g., bass, flounder, or cod)
- Crustacean shellfish (e.g., crab, lobster, or shrimp)
- An ingredient containing protein derived from one of the eight allergens listed above

[6] U.S. Food and Drug Administration - Food Allergies: What You Need to Know: http://www.fda.gov/food/ingredientspackaginglabeling/foodallergens/ucm079311.htm

Improvements to food labeling have made it easier for school food service professionals to identify potentially dangerous foods. However, children may have an allergy to a food item not included on the list. Once an SFA becomes aware of a child's allergy to a specific food item or food items, the SFA should monitor ingredients carefully to protect the child's safety at all times. If a food label does not provide adequate information to assess the presence of a less common allergen, it is the SFA's responsibility to obtain the information needed to ensure no allergic substances are present in foods served to the child.

For additional guidance on food labeling, school food service professionals can view a collection of fact sheets from the Institute of Child Nutrition and the Delta Health Alliance: http://nfsmi.org/documentlibraryfiles/PDF/20100505094118.pdf. These resource pages include an overview of common foods that contain major food allergens (e.g., milk protein is often found in creamers, margarines, and whipped toppings) as well as different words that may be used to describe common allergens (e.g., "albumin" is a type of egg protein).

Common Allergic Reactions

According to FDA, the most common signs of a food-based allergic reaction include:[7]

- Hives, itching, or skin rash
- Swelling of the lips, face, tongue and throat
- Wheezing, nasal congestion, or trouble breathing
- Abdominal pain, diarrhea, nausea, or vomiting
- Dizziness, lightheadedness, or fainting

Please note that children's symptoms may not always be overt or visible. School officials should be attentive to children's complaints of physical discomfort, faintness, or other symptoms which may signal an allergic reaction. CDC lists several phrases children may use to communicate these symptoms on their website. Examples include "my tongue itches," "there's a frog in my throat," and "my mouth feels funny." To view the full list, please see *Food Allergies in Schools*, https://www.cdc.gov/healthyschools/foodallergies/index.htm. School officials should share this information widely throughout the school and develop a comprehensive emergency plan for situations where children experience an allergic reaction.

Portion Sizes

A modification request may include portion sizes exceeding the minimum quantity requirements set forth in Program regulations. When specifically prescribed in the medical statement, the SFA must provide the child with larger portions. SFAs will not receive additional reimbursement to cover the extra costs associated with providing extra food. However, SFAs may use funds from

[7] U.S. Food and Drug Administration - Food Allergies: Reducing the Risks: http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm089307.htm

the nonprofit school food service account to cover the additional food costs. If the nonprofit school food service account is not viable, the general fund or special education funds (if specified in the child's IEP) may also be used.

In other situations, a medical statement may prescribe portion sizes below the minimum quantity requirements set forth in Program regulations. In this situation, the SFA is required to follow the direction of the medical statement, and must provide smaller quantities.

Brand Name Requests

In some situations, a State licensed healthcare professional may request a particular brand name of a product as a substitute on the medical statement. For example, a medical statement for a child with gluten intolerance may request a specific brand of gluten-free bread. If a modification request indicates a brand name item, in most instances, a generic brand is sufficient, unless the brand name item is medically necessary. This can be determined through the interactive process with the child's parent or guardian.

In the example above, if the medical statement lists a specific brand of gluten-free bread, the SFA could check with the family to see if it would be safe and appropriate for the SFA to provide a different brand. In this instance, the family could then affirm the brand name change.

Offer versus Serve

Offering children a selection of nutritious foods within a reimbursable lunch may encourage children to consume a greater variety of foods. Offer Versus Serve (OVS) allows children to decline some food components or food items, as long as their meal meets certain requirements [7 CFR 210.10(k)]. OVS gives children more control over the foods they consume, and may help SFAs reduce plate waste and improve children's perceptions of the NSLP and SBP. At the high school level, OVS is required in the NSLP and optional in the SBP. At the elementary and middle school levels, OVS is optional in both the NSLP and SBP.

At schools participating in OVS, children with disabilities must have the option to select all food components/items made available to other children. SFAs cannot accommodate a child's disability by asking the child to exclude a food component/item from their selection. For example, a child who has Celiac disease or a gluten intolerance must have a choice of a bread/grain item that is gluten-free. The SFA may not use OVS to eliminate a specific food component for a child with a disability; in this case, the SFA must offer a grain substitute for a child who cannot consume gluten.

For more information about OVS, please see *Offer versus Serve Guidance for the National School Lunch Program and the School Breakfast Program*, July 21, 2015, available at: http://www.fns.usda.gov/updated-offer-vs-serve-guidance-nslp-and-sbp-beginning-sy2015-16.

Procurement of Special Meals

Federal regulations specifically prohibit disability discrimination through contractual means, included vended contracts. SFAs must make reasonable modifications for children with disabilities, regardless of whether the SFA operates the food service or contracts with a Food Service Management Company (FSMC). As applicable, modifications for children with disabilities must be included in the FSMC contract. SFAs that do not need dietary modifications at the time an FSMC bid is prepared should still include sufficient information in the bid to make certain the FSMC is aware that dietary modifications may be required during the term of the contract.

FNS has published extensive guidance on contracting with FSMCs. This guidance is available at: SP 40 CACFP 12 SFSP 14-2016: *Updated Guidance: Contracting with Food Service Management Companies*, June 2, 2016, https://www.fns.usda.gov/updated-guidance-contracting-food-service-management.

Meal Service Modifications

Facilities and personnel must provide the necessary services to accommodate a child with a disability. In certain situations, modifications may require additional equipment or specific staff training and/or expertise. When these instances occur, it is important for school food service professionals and parents or guardians to work together, prior to the child's entrance to the school, to ensure the child has equal opportunity to participate in and benefit from the Programs.

Special Seating Arrangements

Departmental regulations state Program benefits should be provided "in the most integrated setting appropriate to the person's needs" [7 CFR 15b.4(b)(2)]. Likewise, Federal civil rights legislation, including Section 504 of the Rehabilitation Act, the IDEA, and Titles II and III of the ADA, requires school districts to ensure children with disabilities are able to participate along with children without disabilities to the maximum extent appropriate. School officials must not segregate children with disabilities on the basis of convenience, and it is never appropriate to simultaneously use a separate table to punish children for misconduct.

However, under limited circumstances, it may be appropriate for children to sit at a separate table. For example, if a child requires a large degree of assistance from an aide in order to consume their meals, it may be necessary for the child and the aide to have more space during the meal service.

Additionally, an SFA may determine a more isolated eating area is necessary for children with severe food allergies. The separate eating area may be a designated table in the cafeteria cleaned according to food safety guidelines (to eliminate possible cross contamination of allergens on tables and seating) or an area away from the cafeteria where children can safely consume their meals.

Prior to developing a special seating arrangement, the school should determine, with input from the child's parent or guardian and if reasonable, the licensed professional who signed the medical statement, if this type of seating arrangement is truly necessary. If the school does develop a special seating arrangement, other children should be permitted to join children with food allergies, provided they do not bring any foods potentially dangerous to those children.

School Food Service Scenario

Question: A large number of children in an elementary school have a peanut allergy. Should the school go "peanut-free?"

Response: Universal exclusion of specific foods (or food groups) is not FNS policy, but could be appropriate depending on local circumstances. However, if a school chooses to enact a universal ban, the specific allergen must never be present in the school, as the family will assume the school is a safe place for their child based on the stated ban.

Tracking Dietary Intake

Some children may need to track their dietary intake. For example, diabetic children must track their carbohydrate intake. To accommodate a diabetic child, a medical statement may require an SFA to provide nutritional information for food options made available to the child. The SFA is not required to provide all nutrition information for all Program meals, as it would be very burdensome to provide this amount of information. In order to meet the child's need, the SFA could develop a cycle menu with the child's parent or guardian, the school nutritionist and nurse, and/or the child as age appropriate. Nutrition information could be provided for the foods on the cycle menu, as opposed to all foods offered through the Programs, reducing the burden on school food service professionals.

Procedural Safeguards and Training

LEAs must have a procedure in place to ensure parents and guardians know how to request a modification for their child and understand their right to examine the record and file a grievance in situations where a requested modification is not granted. This section provides an overview of requirements, as well as encouraged strategies, in this area.

Please note that the information in this section does not include information about State and local laws and school district policies. LEAs must ensure State laws and regulations and local policies are followed at all times.

Procedural Safeguards

Under the Procedural Safeguards requirement, LEAs must provide a process for the prompt resolution of grievances that includes the option for an impartial hearing [7 CFR 15b]. Specifically, the Procedural Safeguards process requires LEAs to provide notice and information to parents and guardians regarding how to request a reasonable modification. The notice also must explain the parent or guardian's procedural rights, which include the right to:

- File a grievance if they believe a violation has occurred regarding the request for a reasonable modification;
- Receive a prompt and equitable resolution of the grievance;
- Request and participate in an impartial hearing to resolve their grievances;
- Be represented by counsel at the hearing;
- Examine the record; and
- Receive notice of the final decision and a procedure for review, i.e., right to appeal the hearing's decision.

Information on this requirement can be found in USDA's regulation, *Non Discrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance* at 7 CFR 15b.25 ("Procedural Safeguards") and at 7 CFR 15b.6(b) ("Adoption of Grievance Procedures"). An overview of this requirement is also included in SP 59-2016.

Procedures in place to address requests to accommodate children with disabilities in the school, in compliance with Section 504 of the Rehabilitation Act of 1973 or IDEA, may be used to fulfill the requirement to maintain Procedural Safeguards for meal modifications.

Section 504/ADA Coordinator and Team

LEAs employing 15 or more individuals must ensure their Procedural Safeguards process provides for a prompt and equitable resolution of grievances, and must designate at least one person to coordinate compliance with disability requirements [7 CFR 15b.6]. This individual is often referred to as the Section 504/ADA Coordinator.

In many cases, the Section 504/ADA Coordinator is responsible for addressing requests for accommodations in the school in general. As part of their general responsibilities, this individual also may be responsible for ensuring compliance with disability requirements related to meal modifications and the meal service. Regardless of whether the coordinator works in the school food service, the coordinator must ensure school food service professionals understand the procedures for handling meal modification requests.

LEAs are strongly encouraged to develop a Section 504/ADA Team to discuss best practices and develop a holistic plan to create a safe learning environment for children. Using a "team approach" encourages information sharing throughout the school, and may help protect children in situations where food is served outside the cafeteria, such as during classroom parties.

The most effective team will include:

- School food service professionals and nutritionists;
- School administrators;
- School medical personnel;
- Classroom teachers and aides;
- Support personnel familiar with the needs of children, such as therapists and allergists;
- Parents or guardians and children (when age-appropriate); and
- Other school officials with relevant experience, such as special education staff.

It is essential for SFAs to work with parents and guardians to ensure children receive safe meals and have an equal opportunity to participate in the Programs. Involving parents and guardians early in the process allows school employees to develop rapport with families and prevents miscommunication or misunderstanding. This helps to ensure the needs of children with disabilities are met. The Section 504/ADA Team also should respond quickly and consistently to situations where children are bullied due to their food allergies (see: *Appendix C: Preventing Food Allergy Bullying*). An overview of other suggested priorities for the Section 504/ADA Team may be found in *Appendix D: Checklist for Managing Food Allergies*.

Food Safety and Sanitation

It is important to ensure school food service professionals understand the potential severity of even a small amount of exposure to a food allergen and the role proper food handling and sanitation play in a potentially life-threatening situation.

Following Hazard Analysis and Critical Control Points (HACCP) principles helps prevent allergen exposure through cross contact and cross contamination. The Richard B. Russell National School Lunch Act (Public Law 113-79, 42 U.S.C. 1751, NSLA)[8] requires SFAs to implement a Food Safety Program based on HACCP principles. The Food Safety Program must be applied to any location where food is stored, prepared, or served, and should include documented Standard Operating Procedures (SOPs). HACCP requirements are codified in Program regulations at 7 CFR 210.13(c).

Including a Food Allergy Action Plan in the Food Safety Program can help school food service professionals and others who are present when food is served prevent food-related emergencies. SFAs can include specific action items in the Food Allergy Action Plan related to:

- Cleaning and sanitizing food surfaces;
- Personal hygiene;
- Preventing cross contamination during food storage;
- Serving food properly; and
- Preventing cross contamination at salad bars.

For example, school food service professionals and other school personnel could outline proper cleaning and sanitizing procedures for equipment, utensils, cutting boards, counters, griddles, and serving stations, specifically when working with ingredients containing allergens.

In partnership with the Institute of Child Nutrition (ICN), FNS developed sample HACCP-Based SOPs that SFAs may use as a starting point when developing their Food Safety Program. The sample SOPs are available at: http://sop.nfsmi.org/HACCPBasedSOPs.php.

Additionally, Food Safety and HACCP are mandatory training topics under the Professional Standards requirement. For more information, please see the FNS Professional Standards webpage: https://www.fns.usda.gov/school-meals/professional-standards/.

[8] P.L. 113-79, February 7, 2014: http://www.fns.usda.gov/sites/default/files/NSLA.pdf

Non-Disability Situations

SFAs are encouraged to consider children's cultural, religious, and ethical preferences when planning and preparing meals. Accommodating children's preferences helps to maintain participation in the NSLP and SBP. Variations, whether on an experimental or continuing basis, must be consistent with the food and nutrition requirements specified in Program regulations in order for children's meals to be eligible for reimbursement [7 CFR 210.10 and 7 CFR 220.8]. SFAs will not receive additional reimbursement for such variations, and must cover any expenses in excess of Program reimbursements incurred as a result of providing a menu variation.

Fluid Milk Substitutions

Fluid milk substitutions are among the most common menu variations for SFAs. SFAs must inform the State agency of any schools opting to provide a milk substitute or milk substitutes [7 CFR 210.10(m)(2)(ii)] and must ensure milk substitutions meet FNS nutrient requirements. For example, low-fat or fat free lactose-free milk, or reduced-lactose milk, would meet the nutrient requirements. SFAs will not receive Federal reimbursement for a meal that substitutes juice or water for milk for a non-disability reason. If a child's medical statement indicates the child cannot consume milk due to a disability, and requests the child receive a substitute, the SFA must provide the requested substitute regardless of whether it meets the nutrient requirements. In a disability situation, the SFA will continue to receive reimbursement for the meal based on the signed medical statement.

Fluid Milk Substitute Nutrient Requirements	
Nutrient	**Per cup (8 fl. oz.)**
Calcium	276 mg.
Protein	8 g.
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.

Meeting the nutrient requirements helps to ensure participating children continue to have access to important nutrients found in cow's milk. The nutrient requirements for fluid milk substitutions are outlined at 7 CFR 210.10(d)(3) and shown in the chart.

Because the Nutrition Facts Label on food products may not list all of the nutrients included in the chart, the school food service may need to request documentation from the product manufacturer to confirm the presence of all required nutrients at the proper levels. The State agency may also provide guidance or assist with product selection.

As noted, some children cannot consume cow's milk due to a recognized disability. Consistent with other meal modifications, SFAs are required to provide a substitute for these children when a written medical statement indicates the milk substitution is necessary (see: *Modifications Outside of the Meal Pattern*). The nutrient requirements listed in the chart do not apply to cases of disability. If a child cannot consume cow's milk due to a disability, the SFA must substitute fluid milk based on the written medical statement.

Appendices

Appendix A: Definitions

An ***Allergen*** is a usually harmless substance capable of triggering a response that begins in a person's immune system and results in an allergic reaction.[9]

An ***Allergic Reaction*** occurs when the immune system overreacts to a usually harmless substance known as an allergen.[10]

An ***Allergy*** is a chronic condition involving an abnormal reaction to an allergen. People with allergies experience symptoms including: itching in the nose, roof of mouth, throat, and eyes; sneezing; stuffy or runny nose; teary eyes; and dark circles under the eyes.[11]

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation. The legislation was signed into law on July 26, 1990. Title II of the ADA is especially significant for the School Meal Programs, as it requires equal availability and accessibility in State and local government programs, including public schools. The ADA was revised by the ADA Amendments Act of 2008, which became effective on January 1, 2009. For more information, see *The Americans with Disabilities Act*.

Anaphylaxis (or an anaphylactic reaction) is a serious allergic response that often involves swelling, hives, lowered blood pressure, and in severe cases, shock. If anaphylactic shock is not treated immediately, it can be fatal. Symptoms usually start within 5 to 30 minutes of coming into contact with to which an individual is allergic. In some cases, however, it may take more than an hour to notice anaphylactic symptoms.[12]

Celiac Disease is a digestive condition. Individuals with Celiac disease experience an immune reaction when eating products containing gluten, such as wheat, barley, rye and sometimes oats. The immune reaction from gluten occurs in the small intestine, causing abdominal pain, bloating or diarrhea. There is no cure for Celiac disease, but it can be managed through a gluten-free diet.[13]

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[9] American Academy of Allergy, Asthma, & Immunology - Conditions Dictionary: https://www.aaaai.org/conditions-and-treatments/conditions-a-to-z-search/Allergen
[10] American Academy of Allergy, Asthma, & Immunology - Conditions Dictionary: https://www.aaaai.org/conditions-and-treatments/conditions-a-to-z-search/Allergic-Reaction
[11] American Academy of Allergy, Asthma, & Immunology - Conditions Dictionary: https://www.aaaai.org/conditions-and-treatments/conditions-dictionary/allergy
[12] American Academy of Allergy, Asthma, & Immunology - Conditions Dictionary: https://www.aaaai.org/conditions-and-treatments/conditions-dictionary/anaphylaxis
[13] American Academy of Allergy, Asthma, & Immunology - Conditions Dictionary: https://www.aaaai.org/conditions-and-treatments/conditions-dictionary/celiac-disease

Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. [28 CFR 35.104]

A ***Food Allergy*** is an immune system reaction to a component of a food, at times, producing a life-threatening response. Food allergies affect about five percent of children in the U.S.[14] Most reactions from food allergies are caused by eight foods: cow's milk, eggs, peanuts, wheat, soy, fish, shellfish, and tree nuts. Reactions may include:

- A rash or red, itchy skin;
- An itchy nose, sneezing, or itchy/teary eyes;
- Vomiting, stomach cramps, or diarrhea;
- Angioedema or swelling;
- Hoarseness, throat tightness, or a "lump" in the throat; or
- Wheezing, chest tightness, or trouble breathing.[15]

A ***Food Intolerance*** is an abnormal response to a component of a food that does not involve an immune system reaction.[16] See *Gluten Intolerance* and *Lactose Intolerance* for examples.

Providing a ***Free, Appropriate Public Education (FAPE)*** means, according to 34 CFR 300.17, ensuring special education and related services:

- Are provided at public expense, under public supervision and direction, and without charge;
- Meet the standards of the State educational agency;
- Include appropriate preschool, elementary school, or secondary school education in the State involved; and
- Are provided in conformity with an IEP.

Gluten Intolerance is a food intolerance that can cause digestive problems such as gassiness, abdominal pain, or diarrhea after gluten consumption. Gluten is a protein found primarily in wheat, barley, and rye. Gluten intolerance is sometimes confused with Celiac disease or other food allergies.[17]

Hypersensitivity Reactions occur when a particular condition causes the immune system to overreact. An allergic reaction is one type of a hypersensitivity reaction.[18]

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[14] National Institute of Allergy and Infectious Diseases - Food Allergy: https://www.niaid.nih.gov/diseases-conditions/food-allergy
[15] American Academy of Allergy, Asthma & Immunology - Conditions Dictionary: https://www.aaaai.org/conditions-and-treatments/conditions-dictionary/food-allergies
[16] U.S. Food and Drug Administration: What is a Food Allergy? https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm089307.htm#what
[17] American Academy of Allergy, Asthma and Immunology - Conditions Dictionary, https://www.aaaai.org/conditions-and-treatments/conditions-dictionary/gluten-intolerance
[18] American Academy of Allergy, Asthma and Immunology - Conditions Dictionary, https://www.aaaai.org/conditions-and-treatments/conditions-dictionary/hypersensitivity-reactions

The ***Immune System*** is a network of cell types working together to defend and protect the body from viruses, infections, and disease. In people with food allergies, the immune system may overreact to certain allergens.[19]

The ***Individuals with Disabilities Education Act (IDEA)*** ensures children with disabilities have the opportunity to receive a free, appropriate public education. IDEA requires schools to provide special education and related services to eligible children with a disability. Children and youth ages three to twenty-one receive services under IDEA Part B. The Department of Education's implementing regulations for IDEA are codified in 34 CFR Part 300. For more information, see *The Individuals with Disabilities Education Act*.

Lactose Intolerance is a digestive condition that occurs when an individual does not produce enough lactase enzymes in the small intestine to digest the lactose in dairy products. Symptoms of lactose intolerance include diarrhea, nausea, abdominal cramping and bloating. There is no cure for lactose intolerance but symptoms may be managed by avoiding dairy products or by taking an enzyme medication to assist with the lactose breakdown.[20]

Registered Dietician Nutritionists (RDNs) are nutrition professionals who have earned a B.S. or B.A. degree, have met basic academic and clinical training requirements, and have passed the qualifying examination for professional registration for dietetics. RDNs work throughout the community in hospitals, schools, public health clinics, universities, and other areas.[21] A registered dietician may be able to work with a child's healthcare professional and school food service staff to ensure compliance with a child's medical statement.

The Rehabilitation Act of 1973 is the principal Federal legislation aimed at promoting the employment and independent living of people with disabilities. Section 504 of Title V of this legislation prohibits discrimination against qualified persons with disabilities in the programs or activities of any organization receiving Federal financial assistance. For more information, see *The Rehabilitation Act of 1973*.

A ***State Licensed Healthcare Professional*** is an individual who is authorized to write medical prescriptions under State law. This may include a doctor, a nurse practitioner, or a physician's assistant. FNS guidance refers to individuals authorized to sign the medical statement as "State licensed healthcare professionals."

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[19] American Academy of Allergy, Asthma and Immunology - Conditions Dictionary, https://www.aaaai.org/conditions-and-treatments/conditions-dictionary/immune-system

[20] American Academy of Allergy, Asthma and Immunology - Conditions Dictionary, https://www.aaaai.org/conditions-and-treatments/conditions-dictionary/lactose-intolerance

[21] Academy of Nutrition and Dietetics - What is an RDN and NDTR?, http://www.eatrightpro.org/resources/about-us/what-is-an-rdn-and-dtr

Appendix B: Glossary of Acronyms

ADA	The Americans with Disabilities Act of 1990
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
ED	United States Department of Education
FERPA	Family Educational Rights and Privacy Act of 1974
FNS	United States Department of Agriculture's Food and Nutrition Service
FSMC	Food Service Management Company
FFVP	Fresh Fruit and Vegetable Program
HACCP	Hazard Analysis and Critical Control Points
HIPAA	Health Insurance Portability and Accountability Act of 1966
ICN	Institute of Child Nutrition
IDEA	Individuals with Disabilities Education Act of 1990
IEP	Individualized Education Program
LEA	Local Educational Agency
NSLA	National School Lunch Act
NSLP	National School Lunch Program
OVS	Offer versus Serve
RCCI	Residential Child Care Institution
SBP	School Breakfast Program
SFA	School Food Authority
SMP	Special Milk Program
SOP	Standard Operating Procedures
SSO	Seamless Summer Option
USDA	United States Department of Agriculture

Appendix C: Preventing Food Allergy Bullying

In 2011, the American Academy of Pediatrics conducted a survey asking children with food allergies and their caregivers about their experiences with food allergy bullying. According to the survey results, published in December 2012, about one-third of children surveyed experienced bullying due to their food allergy.[22] Often, the bullying involved threats with food, which could put children's physical health at risk.

Harassment against a child on the basis of a disability is prohibited under Section 504 of the Rehabilitation Act, Title II of the ADA, and other Federal civil rights laws. Schools have a responsibility to ensure bullying due to a food allergy or other disability does not interfere with a child's access to a free, appropriate education under IDEA.

On August 20, 2013, ED's Office of Special Education and Rehabilitative Services issued a "Dear Colleague" letter highlighting the importance of ensuring children with disabilities have access to safe, supportive learning environments.[23] The letter included an enclosure outlining evidence-based practices to prevent and address bullying. These practices can be used to fight food bullying in schools. Several of these strategies are outlined in the text box below.

Strategies to Prevent Food Bullying in Schools
• Develop and communicate clear policies to address food bullying. Policies must be consistent with Federal, State, and local laws, and should regularly be shared with staff, families, and children. • Provide adequate supervision, especially in areas where food is served. • Encourage children and school personnel to report bullying. Provide clear instructions on how to respond to and report harassment. • Respond to bullying quickly and consistently. Intervene immediately when possible, and notify parents and guardians when bullying occurs. • Keep track of bullying behaviors. Monitoring where and when bullying occurs will help target bullying prevention and intervention efforts. • Do not single out children with food allergies. For example, if children cannot bring certain food items into a classroom due to one child's allergy, the teacher should not use the child's name when outlining the classroom policy.

[22] Shemesh, E., Annunziato, R., Ambrose, M., Ravid, N., Mullarkey, C., Chuang, K., . . . Sicherer, S. (2013). Child and Parental Reports of Bullying in a Consecutive Sample of Children With Food Allergy. Pediatrics, 132(Supplement). http://pediatrics.aappublications.org/content/pediatrics/early/2012/12/19/peds.2012-1180.full.pdf

[23] Department of Education - OSEP Dear Colleague Letter on Bullying, August 20, 2013: http://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/index.html#bullyingdcl-8-20-13

Appendix D: Checklist for Managing Food Allergies

In 2013, CDC issued voluntary guidelines to help schools manage the risk of food allergies and severe allergic reactions in children. As part of this guidance, CDC included a list of priorities for schools to consider when developing a Food Allergy Management Plan.

The following recommendations were included in the priority list:

- ✓ Promptly identify children with food allergies when they enroll or transfer to the school.
- ✓ Ensure information about children's allergies is current, accurate, and complete.
- ✓ Consult with parents and guardians, nutritionists, and others who may have valuable information to share about managing children's allergies.
- ✓ Ensure school food service professionals, teachers, and other staff members know how to recognize the signs and symptoms of allergic reactions.
- ✓ Reduce the risk of exposure in common areas, such as classrooms and hallways, by creating "allergen-safe zones."
- ✓ Clean and sanitize all food preparation equipment, serving materials, and surfaces to prevent the risk of cross-contamination.
- ✓ Develop an emergency response plan. Identify specific roles and contact information for key staff members in case of an emergency.
- ✓ Document responses to food allergy emergencies, and discuss strategies to improve outcomes in the future.
- ✓ Help children manage their food allergies and become competent in their own care, as appropriate, based on age and maturity.
- ✓ Provide food allergy management training for all staff, including an overview of the school's policies and practices around preventing food allergy emergencies and food allergy bullying.
- ✓ Provide specialized training for staff members who work with or prepare food for children with food allergies on a regular basis.
- ✓ Educate children about food allergies, ensuring they understand rules on hand washing, food sharing, and preventing food allergy bullying.
- ✓ Educate parents and guardians about food allergies, ensuring they understand the school's policies and response plan.
- ✓ Ensure children with allergies are safe outside the regular school environment, such as when participating in school field trips or extracurricular activities.
- ✓ Share food labels and advance copies of breakfast and lunch menus to ensure parents and guardians have the opportunity to ask questions and note any concerns.

Appendix E: Resources

FNS Policy Resources:

- **CACFP 14 SFSP 10-2017**: Modifications to Accommodate Disabilities in CACFP and SFSP, June 22, 2017, https://www.fns.usda.gov/modifications-accommodate-disabilities-cacfp-and-sfsp
- **SP 26-2017:** Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers (Q&As), April 25, 2017, https://www.fns.usda.gov/school-meals/accommodating-disabilities-school-meal-programs-guidance-and-qas
- **SP 59-2016:** Policy Memorandum on Modifications to Accommodate Disabilities in the School Meal Programs, September 27, 2016, http://www.fns.usda.gov/policy-memorandum-modifications-accommodate-disabilities-school-meal-programs
- **SP 32 CACFP 13 SFSP 15-2015:** Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Programs, March 30, 2015, http://www.fns.usda.gov/statements-supporting-accommodations-children-disabilities-cnp

Resources for SFAs and Schools:

- **ADA National Network:** Provides information, guidance and training on implementation of the ADA. https://adata.org/
- **American Academy of Allergy, Asthma & Immunology - School Tools: Allergy & Asthma Resources for Professionals:** A library of resources schools can use to keep children safe in the school environment. http://www.aaaai.org/conditions-and-treatments/school-tools
- **American Diabetes Association - Help for Schools:** Provides training resources and frequently asked questions for schools working to support children with diabetes. http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/school-staff-trainings/

- **Asthma and Allergy Foundation for America - Kids With Food Allergies:** Provides several guides, including *Choosing Safe Foods: How to Read Labels So You Can Avoid Food Allergens*, to help consumers read and understand food labels. http://www.kidswithfoodallergies.org/page/choosing-safe-foods.aspx.
- **Centers for Disease Control and Prevention - Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Program:** Voluntary guidelines schools can follow to create and maintain healthy and safe school environments and ensure the daily management of food allergies in children. https://www.cdc.gov/healthyschools/foodallergies/pdf/13_243135_a_food_allergy_web_508.pdf
- **Food Allergy Research & Education - Resources for Schools:** Provides links to guidelines, recommendations, resources, and training programs for schools. http://www.foodallergy.org/resources/schools
- **Healthy Meals Resource System:** Provides links to online courses, tool kits, fact sheets, and additional resources for schools and child care providers. https://healthymeals.fns.usda.gov/
- **Institute of Child Nutrition - Food Allergy Resources:** Provides links to food allergy fact sheets, a food allergy webinar series, and other tools for schools. http://www.nfsmi.org/ResourceOverview.aspx?ID=428
- **National School Boards Association - Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-Threatening Food Allergies:** Guidance on managing food allergies and other chronic health conditions in schools. http://www.nsba.org/safe-school-and-ready-learn-comprehensive-policy-guide-protecting-students-life-threatening-food%20#sthash.KAO1zfGp.dpuf
- **The Food Allergy Book:** Booklet for school employees interested in learning more about managing food allergies in their school. https://www.fns.usda.gov/sites/default/files/ofs/foodallergybook_english.pdf

Resources for Children:

- **Kid's Health from Nemours - Food Allergies for Kids:** Web-based resource where children can learn more about food allergies through Q&As, quizzes, and more. http://kidshealth.org/en/kids/food-allergies.html
- **Kid's Health from Nemours - Food Allergies for Teens:** Web-based resource where teenagers can learn more about food allergies through Q&As, quizzes, and more. http://kidshealth.org/en/teens/food-allergies.html