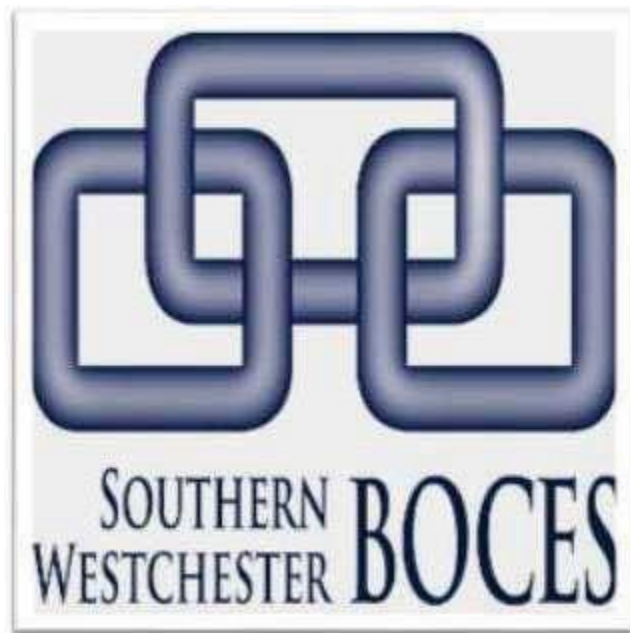




SOUTHERN WESTCHESTER BOCES
MEAL MODIFICATION PLAN

Accommodating Individuals with Disabilities in
our Child Nutrition Program

June 2025

Child nutrition program regulations require participating school food authorities, institutions and sponsors to offer to all participants breakfasts, lunches, suppers, supplements and milk which meet the meal patterns identified in the regulations. Departmental regulations further require substitutions to the standard meal patterns for participants who are considered handicapped under 7 CFR Part 15b and whose handicaps restrict their diet; and permit substitutions for other participants who are not handicapped but are unable to consume regular program meals because of medical or other special dietary needs. Schools must make substitutions for students who are considered to have a disability under 7 CFR 15b.3 and whose disability restricts their diet. 7 CFR 210.20 (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
- 28CFR41
- USDA Departmental Regulations 4330-2
- 2017 Edition of Accommodating Children with Disabilities in the School Meal Programs

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, in 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' direction that the primary focus of the *ADA* is on whether discrimination occurred, the determination of disability should not require extensive analysis.

Expanded Definitions

Major Life Activities

- Caring for oneself
- Performing manual tasks
- Seeing, hearing, speaking
- Eating, sleeping, walking
- Standing
- Lifting, bending
- Breathing
- 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

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 on page 6 of this document.

Medical Statement requirements

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

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

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

Food Service Workers' Role

- Tracking Dietary intake
- Food Safety/Sanitation
- Tracking special circumstances
- Portion Sizes
- Brand Name Requests
- Offer versus Serve
- Procurement of Special Meal

This meal modification plan will be available to all parents/guardians on our district website www.swboces.org select the Special Services tab, then choose Parent Forms

It will be also provided to any parent upon a request made to a building principal, school nurse, or the food service manager

Any grievances regarding a meal modification plan can be directed to the Assistant Director of Special Services at: SpecialServices.SWBOCES.org/administrative staff or by phone at 914-948-7271 x1204

A response will be provided, and every attempt will be made to receive a prompt and equitable resolution. If a 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.

Southern Westchester BOCES

Request for Meal Modifications

Parent/Guardian Name: _____ Phone: _____

Student/Participant Name: _____ Date of Birth: _____

Mailing Address: _____ City/State/Zip: _____

School or 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 alternatives recommended:**

Signature: _____ Date: _____

State-Recognized Medical Authority

Clinic Name: _____

Note: *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,

Questions? Please contact Nora Mannuccia: nmannuccia@swboces.org 914-948-7271 x 1250..
Please return this form to the school office to be forwarded to the SWBOCES Lead Nurse.

To be kept on file in the School Nurse's Office.

Date received by School Nurse: _____ Date discontinued: _____ (Attach documentation)

Accommodating Students with Special Dietary Needs

Southern Westchester BOCES

Policy & Procedure

The Americans with Disabilities Act (ADA) Amendments Act made important changes to the meaning and interpretation of the term disability". In September 2016 these updates were issued to USDA school meal programs. The ADA Amendments Act simplified the question of whether a child has a disability by requiring a broad interpretation of what constitutes a disability. Under the ADA, anything that substantially limits a major life activity (most physical and mental impairments) constitutes a disability. This includes conditions that impair immune, digestive, neurological, and bowel functions, as well as many others. Schools shall focus on what can be done in order to ensure equal opportunity for all children to participate in school meal programs.

The process of providing modified meals for children with disabilities shall be as inclusive as possible. The school shall work collaboratively with parents and guardians to ensure children receive a safe meal and have an equal opportunity to participate in the school meal programs. The Child Nutrition department shall use a team approach that includes parents and guardians and (as age appropriate) the child, when providing modified meals.

Accommodating Children with Disability

Southern Westchester BOCES will provide food substitutions to a child with a disability when the need for a substitution is supported by a written medical statement or completed CDE medical statement form that is signed by a licensed physician, a physician assistant, or a nurse practitioner.

According to the ADA, most physical and mental impairments will constitute a disability. This includes conditions that impair immune digestive, neurological, and bowel functions, as well as many others. General health concerns, such as a parent's preference that a child eat a gluten free diet because the parent believes it is healthier for the child, are not disabilities and do not require modification. All disability considerations must be viewed on a case-by-case basis.

In order to receive reimbursement for meals served to children with disabilities that do not meet Program meal pattern requirements, the written medical statement must clearly identify/include the following details:

- Disability
- 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
- Diet prescription or an explanation of what must be done to accommodate the child●
Food or foods to be omitted from his or her diet
- Food or choice of foods that must be substituted in his or her meals

Medical statements are not required to be updated on an annual basis. However, when Southern Westchester BOCES does receive updated medical information, those updates must be reflected in medical accommodations. If medical accommodations are no longer required the school will maintain a record of the request to end the medical accommodation, such as a copy of an email from the parent stating the child no longer needs a meal accommodation.

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914-948-7271 X 1250.

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Lead Nurse.

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**Diet Modification Request
for Foods Served by Child Nutrition Programs of
Southern Westchester BOCES**

Student's Name: _____ Birthdate: _____

School or site: _____

Parent/Guardian Name: _____ Phone: _____

Does the student have a disability as defined in Section 504 of the Rehabilitation Act of 1973 of the Americans with Disability Act and updates?

If Yes, this form must be completed by licensed physician.

Federal regulations governing the Child Nutrition Programs provide that schools/districts **must** make substitutions in meals for students who are considered to have a disability as defined by the Americans with Disability Act and whose disability restricts their diet when supported by a statement signed by a physician licensed by the state which includes all information in questions a and b below.

To be completed by licensed physician

1. Please identify: 1) the impairment/diagnosis that is a disability, 2) the major life activity affected, and 3) why it alters the student's diet:

2. What diet modifications are needed? (e.g., texture changes and/or food item substitutions)

3. Please identify the necessary changes and describe in detail and identify foods to be substituted/added.

Signature of Licensed Physician: _____ Date: _____

Please print name: _____

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Medical condition, but not a disability. To be completed by recognized medical authority A school/district, **at its discretion**, may make menu substitutions with a signed statement from a medical authority for a student who is not disabled but is unable to consume food items because of food intolerances or allergies.

1. Please identify the medical or other special dietary conditions including intolerances and allergies that alters the student's diet:

2. What diet modifications are requested? (e.g., texture changes and/or food item substitutions)

3. List any foods to be omitted:

Signature of Medical Authority: _____ Date: _____

Please print name and position: _____

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Some common allergens with various ways are found in foods. Please place an X in front of food groups that should NOT be served:

Lactose/milk: *Do not serve the following items marked X:*

- ☐ Fluid Milk* to drink or use on cereal *Preferred alternative: _____
- ☐ Hot entrees with cheese as a prime ingredient such as: grilled cheese, cheese pizza, or macaroni & cheese
- ☐ Cheese baked in products such as: a casserole
- ☐ Cold cheese such as: string cheese or sliced cheese
- ☐ Milk in products such as: breads, mashed potatoes, etc.

Soy - *Do not serve the following items marked X:*

- ☐ Protein products extended with soy
- ☐ Processed items cooked in soy oil
- ☐ Food products with soy as an ingredient no matter where on the ingredient list
- ☐ Food products with soy listed as the fourth ingredient or further down the list

Egg - *Do not serve the following items marked X:*

- ☐ Cooked eggs such as scrambled eggs or hard cooked eggs served hot or cold
- ☐ Eggs used in breading or coating of products
- ☐ Baked products with eggs such as breads

Shellfish/ fish - *Do not serve the following items specified below (Please list):*

☐ Specific fish or seafood: _____

Peanuts - *Do not serve the following items marked X:*

- ☐ Peanuts, individually or as an ingredient
- ☐ Foods containing peanut oil
- ☐ Foods items identified as manufactured in a plant that also handles peanuts

Tree nuts - *Do not serve the following items specified below (please list):*

- ☐ Specify type(s): _____
- ☐ Foods items identified as manufactured in a plant that also handles nuts (Mark with X)

Sesame- *Do not serve the following items marked X:*

- ☐ Processed items containing sesame
- ☐ Food products with sesame as an ingredient

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: To be kept on file in the School Nurse's Office.

Milk substitution for non-disability reasons (For a disability, the licensed physician must sign on page 8 where the disability is documented.)

A school/district, **at its discretion**, may make a **nutrient equal substitution** with a signed statement from a parent or medical provider for a student who is unable to consume fluid milk for any reasonable request that does not rise to a level of a disability.

I request a substitute* for fluid milk for my student. My preference is _____

*Please note that juice is not a substitute for milk.

Parent signature: _____ Date: _____

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation,

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