



## Oneida-Herkimer-Madison BOCES

P.O. Box 70 • 4747 Middle Settlement Road • New Hartford, NY 13413-0070

[www.oneida-boces.org](http://www.oneida-boces.org)

# Accommodating Students with Special Dietary Needs Oneida Herkimer Madison BOCES Policy & Procedure

## Overview

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 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 a Disability

Oneida Herkimer Madison 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 a completed meal modification form that is signed by a licensed physician, a physician assistant, or a nurse practitioner. This documentation should be on file with the school district nurse.

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 a modification. All disability considerations must be viewed on a case-by-case basis.

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

- 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; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

Medical statements are not required to be updated on an annual basis. However, when OHM BOCES, or the specific School District does receive updated medical information, those updates must be reflected



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in the 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.

### **Accommodating Children without a Disability**

OHM BOCES is not required but will attempt to provide food substitutions to a child with a special dietary preference that is not considered a disability. An individual who does not have a disability but cannot consume a particular food because of a non-disability reason, such as religious or moral reasons, is considered to have a food preference. All meals served to students with a food preference **must** meet USDA meal pattern requirements to qualify for reimbursement. These accommodations will be considered on a case-by-case basis.

### **Recordkeeping**

The documentation from a medical professional must be kept on file at the child's school district for meal accommodations that do not meet program meal pattern requirements. In addition, special meal accommodations made by cafeteria staff shall be documented on the daily menu production records as part of the record of meals served to students.

### **Non-Discrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (link is external), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)(link is external), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:



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(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)(link sends e-mail).

This institution is an equal opportunity provider.



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### **Special Diet/Allergy Meal Modification Protocol for Parents:**

1. Notify your child's school nurse to be sure they are aware and have the allergy/Doctor's note on file. We are only able to accommodate special diets that have appropriate documentation.
2. Notify school building kitchen staff and the OHM BOCES School Dietitian.
3. Food Service staff will enter allergies or special diets into the computer- an alert will pop up when a student punches in their number.
4. Look at the menu and coordinate which days your child wants to participate in meals. Kitchen managers and the School Dietitian can help with this. Direct communication between parents/students and the kitchen is best!
5. Rest assured that everyone in the kitchen is aware of the importance of avoiding cross contamination. Staff will wash hands, equipment, tools before preparing allergy free items. Also, staff will prepare allergy free items in separate areas of the kitchen.
6. If special diets or allergies change, please provide documentation so records and accounts can be updated.

### **Special Diet/Allergy Meal Modification Protocol for Kitchen Managers:**

1. Notify your school nurse to be sure they are aware and have the allergy/Doctor's note on file.
2. Put into computer- if you can't remember from last year, ask Hayley. Make sure a notification pops up when student punches in their number.
3. Notify Hayley/new RD of allergy- discuss menu items.
4. Refer to documentation - resources for gluten/dairy free menu items. Ask for gluten and dairy free food lists if you don't have them already!
5. Educate your staff - be sure everyone is aware of the allergy and takes proper steps to avoid cross contamination. Wash hands, equipment, tools before preparing allergy free items. Prepare allergy free items in separate area of the kitchen.



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## MEAL MODIFICATIONS AT SCHOOL

Name of Student: \_\_\_\_\_

School District/Building: \_\_\_\_\_ Grade: \_\_\_\_\_

### Description of Physical or Medical Impairment:

\_\_\_\_\_

### Food Allergies

- Egg       Fish       Peanut       Shellfish       Tree Nut       Soy       Wheat  
 Milk       Lactose Intolerance       Other: \_\_\_\_\_

Is this condition permanent or temporary?  Permanent     Temporary

If temporary, please give length of time instructions are to be followed with explanation:

\_\_\_\_\_

### Diet Prescription: (Check all that apply)

- Allergies (Describe) \_\_\_\_\_  
 Other (Describe) \_\_\_\_\_

Foods Omitted: \_\_\_\_\_

Substitutions:  Specified Substitutions: \_\_\_\_\_

Substitutions as per BOCES Registered Dietitian

Other Information Regarding Meal Modifications: (Please provide additional information below or attach to this form.)

I certify that the above-named student needs meal modifications as described because of the student's physical or medical impairment.

Medical Professional's Signature

Office Phone Number

Date

Medical Professional's Signature

Address

Return to the school district health office.

