



MAINE DEPARTMENT
OF EDUCATION
Child Nutrition Programs

Civil Rights and Meal Accommodations in School Nutrition Programs

Agenda

Civil Rights Requirements

- Training
- Notification
- Non-discrimination Statement
- Public Release
- Racial & Ethnic Data Collection
- Complaints of Discrimination
- Limited English Proficiency (LEP)

Meal Accommodations

- Definition of a disability
- Required vs Preference
- Medical Statement
- Notification requirements

Federally Protected Classes

Child nutrition programs are prohibited from discriminating on the basis of:

- Race
- Color
- National Origin
- Age
- Sex (including gender identity and sexual orientation)
- Disability

State of Maine Protected Classes

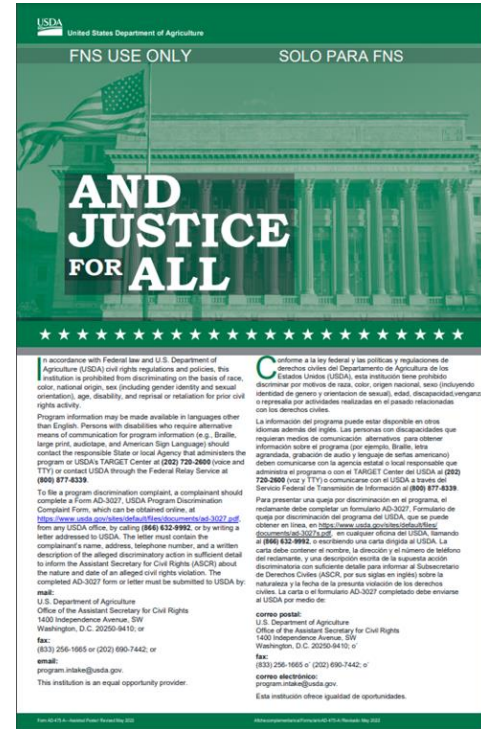
- Adds protections for persons with regard to:
 - Religion
 - Ancestry or national origin
 - Genetic Information

USDA Civil Rights Training Requirement

- Required annually
- For all staff who interact with the child nutrition program & students
- Training available on our Civil Rights page:
<https://www.maine.gov/doe/schools/nutrition/nondiscrimination>
- Keep documentation:
 - Topics covered (required topics)
 - Date
 - Names and Signatures

And Justice for All Poster

- Program participants must be advised of their right to file a complaint & how to do so
- Prominent, visible location where meals are served
 - Must be able to read the information



Public Release

- Sent to local newspaper
- Must inform persons of:
 - SFAs participation in Child Nutrition Programs
 - Non-discrimination policy
- Maintain documentation of where release was sent
- Use template available on our website:
<https://www.maine.gov/doe/schools/nutrition/programs/nslp>

Racial and Ethnic Data Collection

- Must have a system to collect racial and ethnic data
- Ensuring School Nutrition Programs reaching potentially eligible children
- Collected at the point of application or enrollment by the school

Step 5: Optional CHILDREN'S ETHNIC and RACIAL IDENTITIES You are **not required** to answer this question.

Mark one ethnic identity:

Hispanic or Latino

Not Hispanic or Latino

Mark one or more racial identities:

Asian

White

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Other

NOTIFICATION OF ELIGIBILITY

DATE:

Dear Parent/Guardian:

Your application for free or reduced price meals for your child(ren) has been:

Approved for applicable programs listed below: (check all that apply)

Complaints of Discrimination

- Right to file a complaint withing 180 days
- Written, verbal, or anonymous
- Forwarded to the USDA/FNS Regional Office of Civil Rights/Maine Human Rights Commission
- SFA must have procedures for receiving & processing complaints
 - Notification of the USDA discrimination Complaint Form
- A Civil Rights complaint log must be maintained

Types of Complaints

Customer Service Complaint

- There has been a break down in service
- May result from a lack of customer focus, being insensitive, or demonstrating a lack of understanding

Civil Rights Complaint/Discrimination

- Characterized by the complainant verbalizing or submitting in writing that they feel they have been treated unfairly or discriminated against due to a protected class basis

Non-Discrimination Statements

- Federal & Maine ND statements must be included on all program materials
 - School Nutrition Website
 - Free and Reduced Meal Application
 - Letters & notices sent to families
- Not required on menus unless it contains information about the program

<https://www.maine.gov/doe/schools/nutrition/nondiscrimination>

Non-Discrimination Statements

- Short statement may be used on menus
- Must have State approval to use on other materials

“This institution is an equal opportunity provider.”

Limited English Proficiency (LEP)

- Do not speak English as their primary language and have limited ability to read, speak, write, or understand English
- Must ensure equal access to Child Nutrition Programs
 - Translated materials
 - Interpretation

Meal Accommodations in School Nutrition Programs

Meal Accommodations

Must Accommodate

- Requests due to a disability
- Must be supported with a signed medical statement or documented IEP or 504 plan
- Accommodations do not need to meet meal pattern requirements

May Accommodate

- Requests not due to a disability (preference, religion, culture)
- Accommodations **MUST** meet meal pattern requirements

What Defines a Disability?

- A physical or mental impairment that substantially limits major life activities or bodily functions
- Does not need to be life threatening to be considered a disability
 - Ex. A child whose digestion is impaired by lactose intolerance
- Most physical & mental impairments meet the definition of a disability

Major Life Activities

(include but not limited to):

- Caring for self
- Performing manual tasks
- Walking
- Seeing
- Hearing
- Sleeping
- Standing
- Lifting
- Bending
- Reading
- Concentrating
- Thinking
- Communicating
- Eating
- Breathing

Major Bodily Functions

(include but not limited to):

- Immune system
- Digestive
- Bowel
- Bladder
- Neurological
- Brain
- Respiratory
- Circulatory
- Endocrine
- Reproductive

Medical Statement

- Required when the modification for a disability does not meet meal pattern requirements
- Must include:
 - Description of major life activity or bodily function affected
 - An explanation and instruction of how to make the accommodation.
 - Food(s) to be omitted & food to be substituted
- Must be signed
 - licensed physician
 - Medical Doctor (MD), Doctor of Osteopathy (DO), Nurse Practitioner, Physician's Assistant, Registered Dietitian

Medical Statement to Request Diet Modification <i>(Insert Name of School Nutrition Program)</i>		
<small>Federal Child Nutrition Programs must make reasonable modifications to accommodate children with disabilities as defined by Federal law. Submit completed form to: <i>(Insert Name of School Nutrition Program Contact Information)</i>. Incomplete forms will be returned to the parent/guardian. Any changes require the submission of a new form.</small>		
Section I. To be completed by Parent/Guardian		
Student Name:	DOB:	School:
Parent/Guardian Name:	Parent/Guardian Phone:	
Section II. To be completed by the student's licensed medical provider authorized to write medical prescriptions (M.D., D.O., PA, Nurse Practitioner). Incomplete responses may delay the ability to provide the requested accommodation. All questions must be answered completely.		
1. Describe the major life activity or major bodily function affected by the student's physical or mental impairment that restricts the diet:		
2. Explain in detail what needs to be done to accommodate the disability that affects the student's diet:		
3. List any food ingredients to be omitted:	4. List any foods to be substituted:	
I certify that the student named above needs modified school meals as described because of a disabling medical condition that affects their diet.		
Signature of Licensed Medical Provider: (Medical Doctor, Osteopathic Doctor, Nurse Practitioner, or Physician's Assistant)	Date:	
Printed Name:	Clinic/Hospital:	Phone:
Parent/Legal Guardian Permission I give permission for the above named school district to follow the specified dietary instructions on this form and agree to allow the school district to share this information with school nutrition program staff and the school nurse. I agree to allow the provider listed on this form and school district personnel to discuss the information listed on this form.		
Parent/Legal Guardian Signature & Date:		

Modifications in Cases of a Disability

- The modification provided does not have to
 - Mirror the menu
 - Meet the brand name requested
- Follow the meal pattern, to the extent possible
 - Can't use OVS to accommodate
- Be as inclusive as possible while balancing safety
- Cannot charge extra

Seeking Clarification

- Medical Statement must provide sufficient information, so it is clear how to make the accommodation
- May need to request clarification
- Provide the accommodation to the best of your ability while waiting for clarification
- Medical Statement does not need to be updated annually as long as it still accurately reflects the student's needs

Dietary Preference Requests

- NOT required to accommodate
- NOT considered a disability
 - Personal lifestyle choices (Vegan, vegetarian, organic)
 - Religious (eliminating pork, beef or eggs)
 - General health concerns (preference for a gluten-free/dairy free diet)
- If a SNP chooses to accommodate a dietary preference, meal pattern requirements must still be met
- Can use Offer verses Serve

Non-dairy Milk Substitutes – Must Be Nutritionally Equivalent

- Option to offer a fortified nondairy alternative to all students
 - Must meet USDA’s nutrition standards 7 CFR 210.10(d)(2)(ii) (same nutrient profile as cow’s milk)
 - Plant-based beverages that do not meet the nutrition criteria (may include oat, rice, almond “milk”) are not allowable
 - No longer required to have a written request
- This is not a requirement!

Non-dairy Milk Substitute Required Nutrition Standards

7 CFR 210.10(d)(2)(ii)

Nutrient	Requirement per Cup (8 fl oz)
Protein	8 gm
Calcium	276 mg
Vitamin A	500 IU or 150 mcg
Vitamin D	100 IU or 2.5 mcg
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	0.44 mg
Vitamin B12	1.1 mcg

Allowable substitute?

Nutrients	Per Cup
Calcium	276 mg
Protein	8 grams
Vitamin A	150 mcg
Vitamin D	2.5 mcg
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	.44 mg
Vitamin B12	1.1 mcg



Nutrition Facts

8 servings per container
Serving size 1 cup (240mL)

Amount per serving
Calories 60

% Daily Value*

Total Fat 2.5g 3%
Saturated Fat 0g 0%
Trans Fat 0g
Polyunsaturated Fat 0.5g
Monounsaturated Fat 1.5g
Cholesterol 0mg 0%
Sodium 150mg 7%
Total Carbohydrate 8g 3%
Dietary Fiber <1g 2%
Total Sugars 8g
Includes 7g Added Sugars 14%

Protein 1g

Vitamin D 5mcg 25%
Calcium 450mg 35%
Iron 0.7mg 4%
Potassium 170mg 4%
Vitamin A 150mcg 15%
Vitamin E 7.5mg 50%
Phosphorus 20mg 2%
Magnesium 15mg 4%

*The percent Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

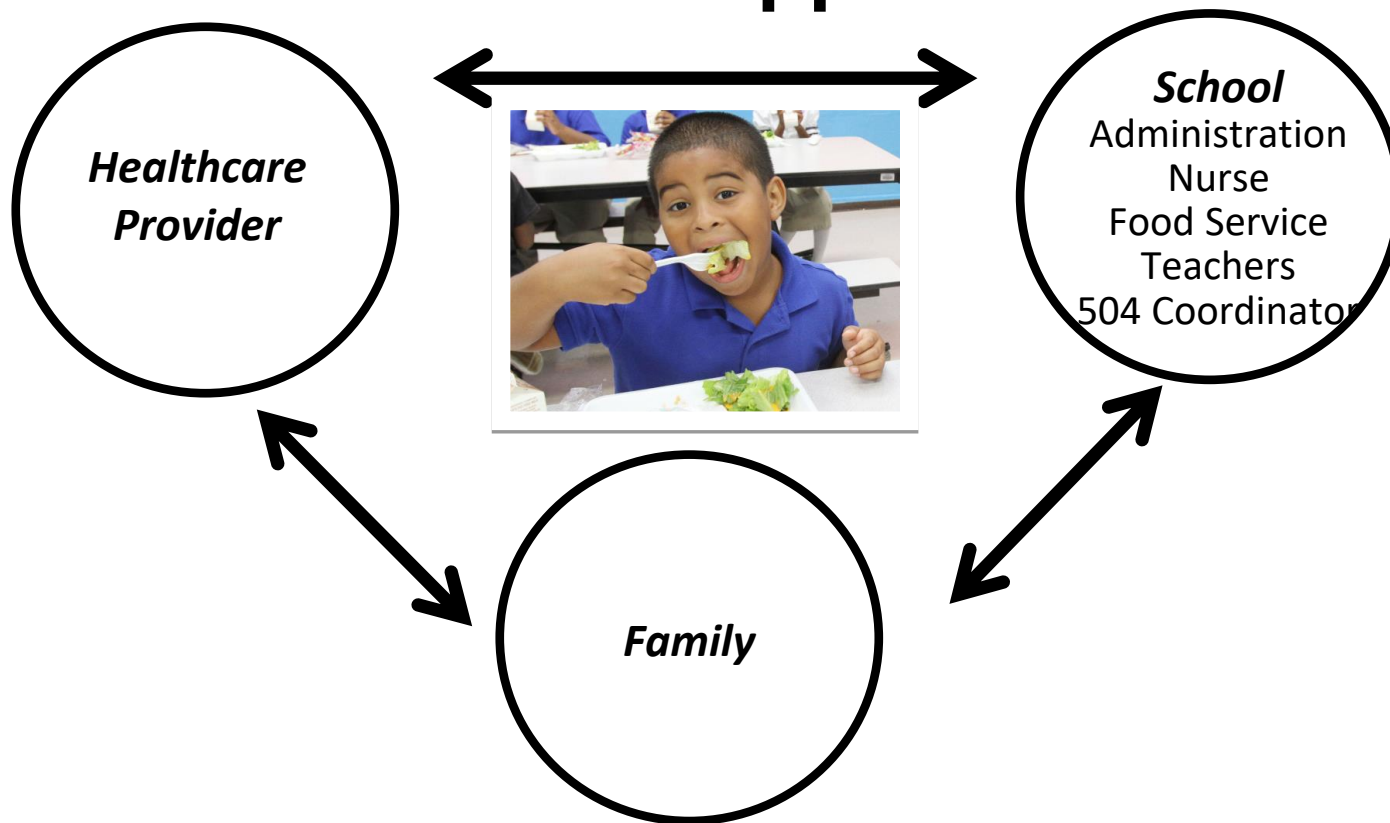
INGREDIENTS: ALMONDMILK (FILTERED WATER, ALMONDS), CANE SUGAR, CALCIUM CARBONATE, NATURAL FLAVORS, SEA SALT, POTASSIUM CITRATE, SUNFLOWER LECTHIN, GELLAN GUM, VITAMIN A PALMITATE, VITAMIN D2, D-ALPHA-TOCOPHEROL (NATURAL VITAMIN E).

Communication

What is the process for requesting meal modifications?

- Who to contact
- When supporting documentation is needed
- Timeline
- Process for handling non-disabling modification requests
- Receiving grievances/complaints
- Confidentiality
- Don't over promise!

A Team Approach



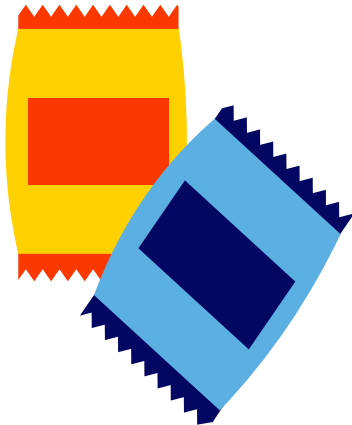
What do you think?

A student at your school has a severe peanut allergy. The parent is requesting the school to be “peanut-free”.



What do you think?

A child's 504 plan includes the requirement to have a snack throughout the school day. Is the SFA required to provide this?



What do you think?

The school nurse comes to you to let you know a child has Celiac disease. How do you proceed?



Questions



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