

NEWS

FROM:

REPUBLICAN LEADER

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SENATE

STATEMENT OF SENATOR BOB DOLE CHILDREN WITH DISABILITIES AND THE SCHOOL LUNCH PROGRAM

WASHINGTON - SENATOR BOB DOLE (R-KS) DELIVERED THE FOLLOWING STATEMENT ON THE SENATE FLOOR FRIDAY, MAY 17, 1991:

IT HAS OFTEN BEEN SAID THAT A HUNGRY CHILD CANNOT LEARN. THIS IS ESPECIALLY TRUE WHEN THE CHILD IS ONE WITH A DISABILITY. THESE CHILDREN HAVE ENOUGH OBSTACLES IN THEIR WAY, AND INADEQUATE NUTRITION SHOULD NOT BE ONE OF THEM.

THE CORNERSTONE OF OUR EFFORT TO ASSURE THE NUTRITIONAL WELL-BEING OF OUR SCHOOLCHILDREN IS THE NATIONAL SCHOOL LUNCH PROGRAM, WHICH PROVIDES BALANCED LUNCHES TO SOME 25 MILLION CHILDREN FROM ALL INCOME LEVELS EACH AND EVERY SCHOOL DAY. CHILDREN WITH DISABILITIES ARE ENTITLED TO PARTICIPATE IN THIS PROGRAM, TOO. YET MANY CANNOT, BECAUSE IN SOME SCHOOLS, MEALS ARE NOT MODIFIED TO MEET THEIR SPECIAL NEEDS.

AMONG THE DISABILITIES THAT MAY CALL FOR MEAL MODIFICATIONS ARE, FOR EXAMPLE, CEREBRAL PALSY, CYSTIC FIBROSIS, DOWN'S SYNDROME, AND SPINA BIFIDA. CHANGING THE TEXTURE OF FOOD OR MODIFYING CALORIES ARE THE MOST COMMONLY-REQUIRED ADJUSTMENTS. SOME CHILDREN SHOULD NOT EAT CERTAIN FOODS AT ALL, AND MAY REQUIRE THE SUBSTITUTION OF FOODS NOT ON THE SCHOOL MENU.

USDA CHILD NUTRITION AND SECTION 504 REGULATIONS REQUIRE SCHOOLS PARTICIPATING IN THE SCHOOL LUNCH AND BREAKFAST PROGRAMS TO PROVIDE SPECIAL MEALS AT NO EXTRA CHARGE TO CHILDREN WITH MEDICAL CERTIFICATION THAT DISABILITIES RESTRICT THEIR DIETS. THESE REGULATIONS PUT THE BURDEN ON PARENTS TO REQUEST SPECIAL MEALS. YET MANY PARENTS, SCHOOL ADMINISTRATORS, AND TEACHERS DO NOT KNOW THESE REGULATIONS EXIST.

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FOR EXAMPLE, IN A 1986 SURVEY OF SPECIAL EDUCATION COORDINATORS AND DISTRICT SCHOOL FOOD SERVICE DIRECTORS IN FIVE SOUTHWESTERN STATES, 45 PERCENT OF THE RESPONDENTS DID NOT ANSWER THE QUESTIONS ON IMPLEMENTATION OF USDA'S 504 REGULATIONS. 62 PERCENT OF THE SPECIAL EDUCATION COORDINATORS AND 31 PERCENT OF THE DISTRICT SCHOOL FOOD SERVICE DIRECTORS INDICATED THEY ENCOURAGED PARENTS TO PROVIDE THEIR CHILDREN'S DAYTIME MEALS. THESE RESULTS SUGGEST, AT LEAST IN SOME CASES, A LACK OF FAMILIARITY WITH, OR ENFORCEMENT OF THESE REGULATIONS. AND IF PROFESSIONALS ARE UNAWARE THAT THE REGULATIONS EXIST, NO WONDER PARENTS, WHO RELY ON THEM FOR INFORMATION, ARE IN THE DARK, TOO.

PARENTS, SCHOOL FOOD SERVICE PERSONNEL, AND DIETITIANS SPECIALIZING IN THIS AREA HAVE SHARED WITH ME THE DIFFICULTIES CHILDREN FACE BECAUSE THESE REGULATIONS ARE NOT WELL PUBLICIZED, OR FULLY ENFORCED. SOME SCHOOLS CAN'T OR WON'T PURCHASE THE EQUIPMENT OR FOODS WHICH CAFETERIA WORKERS NEED FOR SPECIAL MEALS. OR THE REGULAR MEAL MAY BE DUMPED IN A BLENDER, GROUND UP, AND SERVED, NO MATTER HOW UNPALATABLE THE RESULT. PART OF THE REASON SOME SCHOOLS DO NOT FULLY COMPLY MAY BE THAT USDA'S POLICY INSTRUCTION DOES NOT MAKE CLEAR THAT SCHOOLS ARE EXPECTED TO MAKE TEXTURAL AND CALORIC CHANGES AS WELL AS FOOD SUBSTITUTIONS.

LACK OF ACCESS TO SPECIAL MEALS IS A PARTICULAR HARDSHIP FOR LOW-INCOME FAMILIES WHO CANNOT AFFORD TO MAKE THEIR CHILDREN'S LUNCHES. THEIR CHILDREN MUST EAT WHATEVER IS ON THE SCHOOL MENU, NO MATTER HOW INAPPROPRIATE OR EVEN DANGEROUS IT MAY BE. OR, IF A CHILD IS LUCKY, THE TEACHER MAY PROVIDE SNACKS OR EVEN BABY FOOD, OFTEN AT HIS OR HER OWN EXPENSE.

THE CHALLENGE OF MEETING THE NUTRITIONAL NEEDS OF STUDENTS WITH DISABILITIES WILL BECOME GREATER AS MEDICAL TECHNOLOGY, EARLY INTERVENTION PROGRAMS, AND SUBSTANCE ABUSE BY PREGNANT WOMEN INCREASE THE NUMBERS OF CHILDREN WITH DISABILITIES ENTERING SCHOOL. MANY TEACHERS AND SCHOOL FOOD SERVICE WORKERS ARE RESPONDING TO THIS CHALLENGE. BUT WE STILL NEED GREATER COORDINATION BETWEEN TEACHERS, SCHOOL FOOD SERVICE PERSONNEL, AND CHILDREN'S HEALTH CARE PROVIDERS. MORE ATTENTION MUST BE PAID TO NUTRITION IN THE DEVELOPMENT OF INDIVIDUAL EDUCATION PLANS, AND MORE TRAINING OF SCHOOL STAFF IN THIS AREA IS REQUIRED. THE EXCELLENT MANUALS ON SPECIAL NUTRITION ALREADY AVAILABLE ALSO NEED TO BE MORE WIDELY DISSEMINATED.

MR. PRESIDENT, PASSAGE OF THE AMERICANS WITH DISABILITIES ACT LAST YEAR COMMITTED CONGRESS AND THE COUNTRY TO BRINGING PEOPLE WITH DISABILITIES INTO THE MAINSTREAM OF OUR SOCIETY. ENSURING THAT STUDENTS WITH DISABILITIES CAN PARTICIPATE IN SCHOOL MEAL PROGRAMS IS AN IMPORTANT STEP TOWARD THIS GOAL. LET'S KNOCK DOWN THIS BARRIER AND LET'S DO IT SOON.

Example of state (Kansas) school food service instruction sheet on implementation of USDA meal sustitution regulations.

MEAL SUBSTITUTIONS FOR SPECIAL DIETARY NEEDS

Handicapped Students

- Child Nutrition Program regulations require School Food Authorities to make substitutions in foods listed in the meal patterns for those handicapped children who are unable to consume specified food items.
- A handicapped child is one who has "a physical or mental impairment which substantially limits one or more major life activities (7 CFR Part 15b.3).
- On a case-by-case basis, a handicapped student shall be provided substitutions in foods only when supported by a statement signed by a physician licensed by the state. The supporting statement shall identify:
 - a. the individual's handicapping condition and an indication the handicap restricts the child's diet;
 - b. the major life activity affected by the handicapping condition;
 - c. the food or foods to be omitted from the child's diet and the food or choice of foods that may be substituted.

See Appendix A15 for a sample supporting statement.

- Schools must make a reasonable effort to comply, depending on the needs of the individual child.
- Parents are encouraged to take some responsibility by participating in the
 planning of special meals for their child. Their involvement should be based on
 food substitutions recommended by the child's physician, available inventory, and
 the reasonableness of the preparation.
- Only specially trained and qualified food service personnel should make any dietary substitutions.
- Schools shall serve special meals at no extra charge to children whose handicap restricts their diet.
- When a request for special meals is received, the food service personnel must abide by the determination of the physician.