

## 7. How Should Needed Services and Accommodations Be Documented?

While accommodations for students with diabetes can be handled informally by schools with parent/guardian and physician authorizations and directions, written plans outlining each student's diabetes management and needed accommodations are highly recommended. As discussed further below, most students with diabetes should have two separate planning documents. One (often called the Diabetes Medical Management Plan) lays out the student's treatment regimen, while the other (often called a Section 504 Plan) outlines how the needed diabetes care will be provided at school. This Part discusses the development and contents of both types of plans.

### 7.1 What types of documents should be prepared regarding accommodations for students with diabetes?

Accommodating students with diabetes requires an assessment both of the health care needs of the student and of how those needs will be met in the school setting. It is helpful to develop two different types of documents to specify the services a student with diabetes will be provided. Typically, these documents are known as a Diabetes Medical Management Plan (DMMP) and a Section 504 Plan, although schools may use different names for one or both of them. Most students with diabetes should have both documents, and they are described below.

An individualized medical plan, developed by the student's personal health care team (including the treating physician) and family, contains the prescribed diabetes health care regimen tailored for that student. For example, this plan would include the times at which insulin should be given and the proper dose to be given for a specified blood glucose value. While this plan is often called a DMMP, it also may be called the physician's orders or other names. (Sometimes schools refer to this document as a diabetes care plan or health care plan, although care should be taken to distinguish this plan, which is developed by the student's own health care providers, from plans developed by the school which sometimes have similar names). See Question 7.7 for more information on the plan's contents.

An education plan explains what accommodations, education aids, and services are needed for each student with diabetes in order to ensure the child is safe at school and receives the proper treatment that is outlined in the DMMP or other health care plan. Depending on the law under which the student is covered and the preferences of the school, this plan can be known as a 504 plan, Individualized Education Program (IEP), or by another name. See Question 7.8 for more information on the plan's contents.

Together, these two plans provide the school and the parents or guardians with a comprehensive picture of the student's health care needs and how those needs will be met at school. While this information can be combined into one document, it is better to keep treatment information in a separate health care plan like a DMMP. Separate documents make clear that it is the responsibility of the treating physician and parents/guardians, rather

than the school, to decide on the treatment regimen appropriate for the child. This approach also ensures that the school has the most up-to-date and accurate information on the student's health care needs when making accommodation decisions.

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## Notes

The DMMP and the 504 plan are the most important documents setting out how diabetes care takes place at school, but other documents may be incorporated into them, including a health plan developed by the school (see Question 7.4). While it is acceptable and desirable to incorporate documents such as the DMMP or an ISHP into a 504 plan, districts should be careful not to incorporate or reference so many documents that the plan becomes difficult to understand or explain. For example, in *Waterbury (CT) Sch. Dist.*, Complaint No. 01-07-1280, 51 IDELR 198 (OCR 2008), the student's plan comprised numerous documents, including an IEP (for her hearing impairment), a 504 plan, an ISHP, and multiple sets of medical orders. According to the Office For Civil Rights (OCR), no school staff person was familiar with all of these documents or could explain exactly what care the student required. Therefore, the resolution agreement required the district to reconvene the student's 504 team and develop one document containing all needed accommodations and services. See also *West Las Vegas Pub. Schs.*, Complaint No. DPH 0607-13, 107 LRP 33209 (N.M. State Educational Agency 2007) (different versions of plans with contradictory information circulated among school staff, resulting in inconsistent implementation of services).

### **7.2 Are there differences in documentation depending on whether a student is covered by Section 504, the Americans with Disabilities Act, or the Individuals with Disabilities Education Act?**

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Yes. The documentation required under Section 504 and the IDEA differs. Children covered by IDEA are required to have a written Individualized Education Program (IEP). On the other hand, a written plan is not necessary to comply with Section 504 (or the ADA), but schools can (and sometimes do) use IEPs developed using the IDEA process to comply with these laws. Even where an IEP is not developed, most schools will develop a written 504 plan describing the accommodations to be provided to students with diabetes and other disabilities covered by Section 504.

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## Notes

As discussed at Questions 4.4-4.7, all students with diabetes should be covered by Section 504 and the ADA while some, but not all, may be covered by IDEA. It is important to understand the documentation required by each of these laws.

The IDEA contains extensive requirements about what must be documented in a student's accommodation plan. Under IDEA, each child with a disability must have a written IEP. See 20 U.S.C. § 1414(d). Among other requirements, the IEP must provide: a statement of the child's present levels of academic achievement and functional performance; a statement of measurable annual goals, both academic and functional; a description of how the child's progress toward meeting the annual goals will be measured and reported; a statement of the special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided for the child; an explanation of the extent to which the child will not participate with non-disabled children in

the regular class and in school activities; and a statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on state or district-wide assessments. The IEP is developed after an evaluation by an IEP team following detailed procedures and requirements.

While Section 504 sets standards for how evaluations of a student's service and placement needs should be evaluated, it does not require that services be specified in a written plan. 34 C.F.R. § 104.35. If a school does develop a written accommodation plan, it can use the IDEA process of developing an IEP to comply with Section 504's evaluation requirements, but it is also free to adopt less detailed procedures. 34 C.F.R. § 104.33(b)(2). In fact, much of the information described above which must be in an IEP is not necessary in a plan for a student who needs only related services for diabetes care.

IEPs, unlike 504 plans, must be in writing. Where there is an IEP, it is often advisable to make reference to diabetes care in the written IEP even if diabetes is not the reason the child is considered to have a disability for IDEA purposes. In some circumstances, including diabetes care information is essential to ensure the provision of FAPE. *See In re: Student with a Disability*, Complaint No. 0607-14, 48 IDELR 146 (N. M. State Educational Agency 2007) (district violated IDEA where it did not create an individualized health plan or include in the IEP any information about diabetes or needed services).

### **7.3 Do students with diabetes always require a written Section 504 or accommodations plan?**

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No. School officials and teachers are permitted to make accommodations for students with disabilities such as diabetes without a written plan. However, a written plan is desirable, and it is recommended that one be developed for each student with diabetes. One benefit of a written plan is that it formally identifies the child as having a disability that entitles him or her to services under Section 504 or another anti-discrimination law. A written plan also assures parents/guardians and school personnel that everyone involved with diabetes care knows what his or her role is and what accommodations will be provided. Whether a written plan is critical, nonetheless, depends very much on how diabetes care is handled with respect to a child.

#### **Notes**

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OCR has stressed the importance of developing a written 504 plan. "Although the Section 504 regulation does not explicitly require a written plan describing the specific services to be provided to the student because of the student's disability, school are strongly encouraged to develop written plans because it is difficult to imagine how school personnel and parents can be clear about their responsibilities without a written plan. Schools that avoid drafting a written plan may encounter compliance problems especially with ensuring full implementation of the plan and the provision of services necessary to provide covered students with a [free appropriate public education]." *Academy of Waterford (MI)*, Complaint No. 15-11-1181, 112 LRP 15747 (OCR 2011).

### **7.4 Is a health plan developed by the school an appropriate substitute for a Section 504 plan?**

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No. Schools often wish to develop a health plan (often called an Individualized Health Plan (IHP) or Individualized School Health Plan (ISHP)) as a means of implementing the

student's DMMP. This plan is typically developed by the school nurse and specifies which school personnel will provide needed services and how they will be provided. It is important that an IHP accurately reflect the treatment called for in a student's DMMP. While these plans can be helpful for school nurses and other personnel, they are not an adequate substitute for a Section 504 plan or IEP because they generally do not comply with the procedural requirements of those laws. Instead, the IHP itself can be incorporated by reference into the 504 plan or IEP, or the information from the IHP can also be included in these plans.

## Notes

IHPs and ISHPs are typically developed by school nurses to describe how care will be provided, and are analogous to nursing care plans developed in other health care settings. See National Association of School Nurses, *Individualized Health Care Plans, The Role of the School Nurse* (June 2013), available at <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/32/Individualized-Healthcare-Plans-IHP-Revised-2008>. Although they may be developed in collaboration with parents/guardians or treating physicians, often they are internal documents that are not shown to parents.

Where a student with diabetes is eligible for services under Section 504, an IHP is not in and of itself an adequate substitute for a properly developed 504 plan. In *Clarksville-Montgomery County (TN) Sch. Dist.*, Complaint No. 04-10-5003, 60 IDELR 203 (OCR 2012), OCR stated that an IHP could comply with the requirements of 504, but only if students with IHPs were evaluated for 504 eligibility in appropriate cases and given the law's other procedural protections. See also *Grenada (MS) Sch. Dist.*, Complaint No. 06-12-1005, 61 IDELR 54 (OCR 2012) (district developed an IEP that did not address the student's diabetes care needs, along with a diabetes care plan that was not a 504 plan and did not comply with 504 requirements); *Batavia (OH) Local Sch. Dist.*, Complaint No. 15-11-1110, 111 LRP 70127 (OCR 2011) (district agreed to revise its policy and practice of developing "diabetic care plans" instead of 504 plans for students with diabetes); *Forest Hills (OH) Local Sch. Dist.*, Complaint No. 15-09-1280, 58 IDELR 114 (OCR 2011) (district required to revise its policy of only serving students with diabetes through health plans); *Opelika (AL) City Sch. Dist.*, Complaint No. 04-09-1182, 111 LRP 47376 (OCR 2011) (district had an obligation to conduct a 504 evaluation of a student with diabetes even though the district's 504 coordinator believed that the IHP that had been developed was adequate to meet the student's needs); *Tyler (TX) Indep. Sch. Dist.*, Complaint No. 06-10-1043, 56 IDELR 24 (OCR 2010) (school's practice was to provide services through IHPs rather than conducting 504 evaluations); *Kettering (OH) City Sch. Dist.*, Complaint No. 15-07-1207, 109 LRP 32473 (OCR 2009) (district provided services to a student through a diabetes care plan it developed but failed to evaluate the student for eligibility under 504); *Schaffer (CA) Union Elementary Sch. Dist.*, Complaint No. 09-06-1412, 107 LRP 61308 (OCR 2007) (student's health plan did not comply with Section 504 because it was not adopted in accordance with 504 requirements and procedural protections); *Fayette County (KY) Sch. Dist.*, Complaint No. 03-05-1061, 45 IDELR 67 (OCR 2005) (even though student was receiving some health care services under an IHP, district was required to evaluate him for eligibility under Section 504); *San Diego (CA) City Unified Sch. Dist.*, Complaint No. 09-04-1150, 44 IDELR 135 (OCR 2005) (student's ISHP was not an adequate substitute for a 504 plan adopted in accordance with proper procedures); *Rock Hill (OH) Local Schs.*, Complaint No. 15-05-1181, 106 LRP 35138 (OCR 2005) (district incorrectly believed that an IHP was an adequate substitute for a 504 evaluation for a student with diabetes).

## **7.5 Who prepares the Section 504 or accommodations plan?**

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It is the responsibility of school officials to prepare a written education plan. This plan should take into account the health care needs of the child and should be based on the Diabetes Medical Management Plan for the child, if one has been prepared, as well as other relevant information about the child's circumstances (see Question 6.1). Of course, the parents or guardians of the student may make whatever proposals for the plan they consider appropriate, and it is often helpful for them to prepare and present a proposed plan to the district. The district may adopt this plan or may use it as an aid in drafting the final plan.

## **7.6 Who should sign the Section 504 or accommodations plan?**

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Since there is no requirement that a 504 plan be in writing (see Question 7.3), there is no requirement that it be signed by any particular person. Ideally a school official authorized to bind the school (such as the 504 coordinator) and the parents or guardian will sign the education plan. However, parents need not sign the plan, and it can be implemented even if the parents object and refuse to sign it.

## **Notes**

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OCR has held that there is no requirement that parents or guardians sign a 504 plan. *See Bradley County (TN) Sch. Dist.*, Complaint No. 04-04-1247, 43 IDELR 44 (OCR 2004) (school did not violate Section 504 by implementing plan where a group of knowledgeable individuals developed and signed the plan, even though parent disagreed with the plan and refused to sign it). While such a plan can be implemented over a parent or guardian's objections, the parent or guardian has the right to challenge the adequacy of the plan through informal or formal procedures. See Part 14 for a discussion of how disputes about the content of plans can be resolved.

Some schools have all of a child's teachers sign the accommodations plan so that it is clear they are aware of the plan. Schools may also take other steps to ensure that all teachers are aware of their obligations under the plan. *Hamilton Heights (IN) Sch. Corp.*, Complaint No. 05-02-1048, 37 IDELR 130 (OCR 2002) (teachers ultimately signed plan or at least received instructions regarding diabetes). This is a good idea to ensure that a student's teachers are all well-informed as to their responsibilities under the plan.

An individualized education program (IEP) under the IDEA is required to be written and signed by the members of the IEP team. Parents or guardians also sign the IEP if they approve it.

## **7.7 What should be included in the Diabetes Medical Management Plan?**

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The American Diabetes Association suggests that a Diabetes Medical Management Plan or other medical plan address the specific health care needs of a child and provide specific instructions for each of the following:

- Blood glucose monitoring, including frequency and circumstances.
- Insulin administration, including doses/injection times prescribed for specific blood glucose values and the storage of insulin.

- Meals and snacks, including food content, amounts, and timing.
- Symptoms and treatment of hypoglycemia (low blood glucose), including the administration of glucagon, if authorized by the student's treating physician.
- Symptoms and treatment of hyperglycemia (high blood glucose).
- Testing for ketones and appropriate actions to take for abnormal ketone levels.

Of course, in any specific situation, other information may be appropriate. This listing is not exhaustive.

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## Notes

The suggested list is taken from a Position Statement of the American Diabetes Association, *Diabetes Care in the School and Day Care Setting* (see Question 1.5). Other suggestions can be found in the Association's sample DMMP and the OCR complaint resolution agreements available on its website (see Question 1.5).

It is important that the DMMP be clear about what care the student needs at school, since the school may not be required to provide what is not specifically called for by the physician as medically necessary. For example, in *Wayne Township Bd. Of Educ.*, 106 LRP 2442 (N.J. State Educational Agency 2001) the district was not required to provide a nurse to attend an overnight field trip because the information provided by the doctor did not clearly require any care that had to be provided by a nurse, and other adults were available to make sure the student tested her blood glucose. Even though the parent wanted a nurse to attend the trip and felt more comfortable with this arrangement, the school was not legally required to provide it.

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## 7.8 What should be included in a Section 504 or other accommodation plan?

An accommodation plan should include information about how the student's diabetes will be managed at school, based on the treatment regimen outlined in the Diabetes Medical Management Plan. The plan should specify what accommodations and modifications to school policies will be made to provide diabetes care, who will perform diabetes care tasks, and who is responsible for supervising the provision of care. Some things that are fundamental to most plans are:

- When and where insulin will be administered.
- Who will administer insulin.
- Who is responsible for monitoring the student for possible signs of hypoglycemia or hyperglycemia.
- Who will administer glucagon in emergency situations.
- How care will be provided on field trips, during extracurricular activities, and on the school bus.
- Access to food, water and restrooms.
- How medications and syringes will be stored and disposed of at school.

- Who will provide diabetes care training and which staff members have been trained.
- The circumstances under which parents/guardians and the child's treating physician will be contacted regarding care issues.

As necessary the accommodation plan should also address other issues besides diabetes health care, such as the need for academic modifications:

- Alternate time to take academic exams if blood glucose levels are out of target range.
- No penalty for diabetes-related absences or tardiness.
- Reasonable time to make up missed assignments and exams.
- Opportunity to receive missed classroom instruction.
- Access to water, bathroom, supplies, health care upon request.
- Full participation in all school-sponsored activities such as field trips and extracurricular events.

## Notes

Failure to include any information about the student's diabetes and the services or accommodations required can violate Section 504 and the IDEA. *See District of Columbia (DC) Pub. Charter Schs.*, Complaint No. 11-12-1419 et al., 60 IDELR 231 (OCR 2012) (OCR review of 504 plans of students with diabetes revealed that many did not specify needed aids and services for diabetes care); *Academy of Waterford (MI)*, Complaint No. 15-11-1181, 112 LRP 15747 (OCR 2011) (criticizing district for failing to specify in the student's 504 plan which school staff would provide diabetes care and under what circumstances); *Urbana (OH) City Sch. Dist.*, Complaint No. 15-11-1174, 112 LRP 4236 (OCR 2011) (because of confusion about care responsibilities of district staff created by the lack of detail in a student's 504 plan, district agreed to review the plans of all students with diabetes and incorporate all services related to diabetes, including all services provided or supervised by the school nurse, into these plans); *Alexandria Community Sch. Corp.*, Complaint No. CP-102-2009, 110 LRP 55138 (Ind. State Educational Agency 2009) (plan failed to provide sufficient detail on what teachers should do in situations where student asked to check his blood glucose); *In re: Student with a Disability*, Complaint No. 0607-14, 48 IDELR 146 (N. M. State Educational Agency 2007) (district violated IDEA where it did not create an individualized health plan or include in the IEP any information about diabetes or needed services). It is important that the 504 plan or other accommodation plan contain specific instructions about what diabetes care services will be provided and how and when they will be provided. Failure to specify these details may make it difficult for parents to enforce their rights to needed services. For example, in *Lee County (FL) Sch. Dist.*, Complaint No. 04-06-1178, 47 IDELR 18 (OCR 2006), the parents and the school nurse disagreed about how often the insulin cartridge in the student's insulin pen should be changed. OCR found that, since the issue was not addressed in the student's 504 plan, the district had not violated Section 504 by failing to change the insulin cartridge when requested. OCR suggested that the 504 team be reconvened to address this issue.

One example of things to include in an accommodation plan can be found in a complaint resolution which provides:

Each plan will provide those services required by Section 504 and Title II [of the ADA]. For example, each plan will, when appropriate, permit a student to: see school ADCPs [Authorized Diabetes Care Providers] or medical personnel upon

request; self-test, self-treat and self-monitor in the classroom and during all school sponsored activities, field trips and programs; eat snacks and drink beverages to prevent hypoglycemia; miss school without consequences for diabetes-related care, provided the absence is medically documented; and be excused to use a restroom, as necessary.

*Buchanan County (VA) Pub. Schs.*, Case No. 11-03-1051, 103 LRP 56159 (OCR 2003). Other suggestions for can be found in the American Diabetes Association’s sample Section 504 plan found on the Association’s website (see Question 1.5).

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## **7.9 Should school nurse services be specified?**

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Services to be provided by the school nurse or other trained personnel should be included in a child’s accommodation plan. If the child has an individualized education program (IEP) it is particularly important to incorporate reference to school nurse services to be provided.

### **Notes**

Where a child has an IEP detailed mention of school nurse services is important. School health services have always been considered a “related service” under regulations implementing the IDEA. 34 C.F.R. § 300.34(a) (term “related services” also includes “school health services and school nurse services”). The Individuals with Disabilities Education Improvement Act of 2004 amended the IDEA to specifically provide that such services are included. However, IDEA provides that “related services” includes “school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the individualized education program of the child.” 20 U.S.C. § 1401(26)(A). Because the “as described” language does not modify other services included in the definition, the change suggests that it may be necessary to be more specific with respect to school nurse services to be furnished the child under the IEP.

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## **7.10 What are the time limitations for developing a plan?**

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No specific time limits are prescribed under Section 504 or the ADA. Schools must, however, plan for and implement accommodations within a reasonable period of time. The IDEA, on the other hand, contains specific time limitations for the development of an Individualized Education Program (IEP), which can provide a helpful standard for determining a reasonable timetable even for students covered only by Section 504 or the ADA.

### **Notes**

While written plans are not required to be developed within any given period of time under Section 504 and the ADA, schools must accommodate students with diabetes within a reasonable period of time. Just what is reasonable depends on the facts and circumstances, but delay in developing a plan is not a reason to deprive a child of an education. During the process, the child should not be denied meaningful access to school.

Significant delays in beginning the evaluation process will violate Section 504. *See Opelika (AL) City Sch. Dist.*, Complaint No. 04-09-1182, 111 LRP 47376 (OCR 2011) (district delayed evaluating student for eligibility for nearly 18 months after the initial parent request); *San*

*Diego (CA) City Unified Sch. Dist.*, Complaint No. 09-04-1150, 44 IDELR 135 (OCR 2005) (delay of 3-4 months in initiating evaluation unreasonable where it resulted from erroneous beliefs about 504 eligibility and procedures and where evaluation did not begin until after expulsion proceedings had been initiated against student for conduct related to his disability); *Cabell County (WV) Sch. Dist.*, Complaint No. 03-92-1062 (OCR 1992) (six month delay in initiating evaluation, and delay in over a year in actually completing evaluation, found to violate section 504).

Where OCR reaches an agreement to resolve a complaint, 45 school days is often fixed as the time to evaluate the specific areas of the student's academic and nonacademic needs, obtain all necessary medical evaluations regarding the student's disability-related needs, carefully consider all medical evaluations, review academic accommodations, and develop an accommodation plan for the student. The plan is expected to be implemented within 60 school days. *See, e.g., Evergreen (WA) Sch. Dist. No. 114*, Complaint No. 10-00-1139, 36 IDELR 9 (OCR 2001) (setting schedule for claim submitted by student with diabetes).

Districts need to take all reasonable steps to ensure that appropriate care can begin at the start of the school year when they are aware of the student's condition and need for services. In *North Thurston (WA) Sch. Dist.*, Complaint No. 2012-SE-0084, 113 LRP 31234 (Wash. State Educational Agency 2013), the district knew that a child entering first grade had diabetes and would require services, yet despite parental requests during the summer made no attempt to develop a care plan prior to the start of the school year. Even after school began, the district refused to provide care for six weeks while demanding new medical orders and questioning the care called for by the student's physician, forcing the parents to come to school to provide care. A state hearing officer found that the school had denied the child a free, appropriate public education by failing to take steps to put a care plan in place prior to the school year, and any delays in providing care were caused by the actions of the district.

Every effort should be made to avoid delaying or interrupting a student's attendance at school. Where necessary to allow the evaluation of a student's needs and determination of appropriate accommodations, it has been held that a ten-day exclusion from school was not excessive. A change in a student's health care plan was considered after the student was treated in a hospital emergency room for a diabetes-related seizure. *Seattle (WA) Pub. Sch.*, Complaint No. 10-98-1264, 31 IDELR 193 (OCR 1999) (district found to have timely developed new health care plan upon notice that student's school health needs had changed). If a student is excluded from school, it may be appropriate not only to accelerate the evaluation process but also provide compensatory education if the student suffers any deficit relating to the lapse in attendance. *Addison Sch. Dist.*, Complaint No. 02-01-1110 (OCR 2001) (where student was excluded from school, process placed under stricter time lines and consideration of compensatory education required); *Ware Pub. Schs.*, Complaint No. 01-00-1046 (OCR 2000) (resolution agreement required provision for in-school tutoring to assist student in making up missed class work).

The IDEA requires that written IEPs be developed within specified time limits. While not strictly applicable under Section 504 and the ADA, these limitations provide some guidance. Where an initial evaluation is requested by a parent or guardian, the evaluation process and determination of whether a child has a disability is to be completed within 60 calendar days of receiving parental consent for the evaluation. 20 U.S.C. § 1414(a)(1)(C). An IEP meeting must be held within 30 calendar days of a determination that a child needs special education and related services. 34 C.F.R. § 300.323(c)(1). The IEP must then be implemented as soon as possible. 34 C.F.R. § 300.323(c)(2). These timelines are longer than would ordinarily be needed for students with diabetes; it is reasonable to expect that a meeting would be held within 30 calendar days after parents or guardians provide school officials the child's Diabetes Medical Management Plan.

Some schools characterize accommodation plans as “drafts” when initially developed, and begin implementing the plans before they are finalized. There is nothing wrong with describing a plan as a draft, provided the student is receiving appropriate services and accommodations. *See Bradley County (TN) Sch. Dist.*, Complaint No. 04-04-1247, 43 IDELR 44 (OCR 2004) (no violation found where school had implemented a “draft” 504 plan at the beginning of the school year and had not finalized the plan until several weeks later).

### **7.11 What should be done if the Section 504 or accommodations plan is not being followed?**

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If an agreed-upon accommodations plan is not being followed, advocates should begin by presenting concerns to the appropriate school official. If the plan continues to be ignored, complaint procedures should be considered.

#### **Notes**

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When a plan is not being followed, sometimes it is simply the result of lower-level staff failing to recognize the importance of implementing the plan. *See, e.g., Northwestern (OH) Local Schs.*, Case No. 15-03-1202 (OCR 2004) (OCR dismissed complaint where school had already addressed failure to implement Section 504 plan including, among other things, emphasizing to food service staff the importance of following the plan). Where this is the case, tactfully complaining to responsible school officials should lead to resolution of the problem. If problems persist, the formal and informal procedures discussed in Part 14 should be considered.