

HOW PRINCIPALS SUPPORT STUDENTS WITH FOOD ALLERGIES

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To Isabel and Milo, and other children with food allergies, your courage to live without allowing food allergies to define your life is an inspiration to us all.

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Timothy E. Dowling

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This qualitative case study was conducted to determine the leadership actions that principals should consider when serving students with food allergies and compare principals' leadership actions with the those in the CDC Voluntary Guidelines for students with food allergies. The researcher analyzed interview data from employees and a parent at an elementary school, and used this data, along with a teacher survey, document reviews, and field notes to determine themes. Findings indicated that: (1) leadership in support of food allergic students is rarely prioritized, but it matters to students and families; (2) a leader's proactive commitment to food allergic students created a school-wide effort to support these vulnerable students; (3) inclusionary practices benefits *all* students; (4) the Voluntary Guidelines are a useful, but underutilized tool for school leaders; (5) a need exists for more professional development for teachers and staff, as well as increased educational opportunities for students; and (9) moving forward, recommendations are needed for parents working with schools to support food allergic children. Based on the findings and implications of this study, six recommendations for practice were determined. The principal should lead the school's coordinated approach to managing food allergies and lead the daily management of food allergies. The principal must prepare the school for food allergy emergencies, support professional development on food allergies for all staff and educate students and family members about food allergies. Finally, the principal must create and maintain a healthy, safe, and inclusive school environment.

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Chapter 1

Introduction

The number of students with food allergies is increasing in schools (Gupta, Springston, & Warrier, 2011; Sampson & Sicherer, 2006). It is likely that this trend will continue and the percentage of students with food allergies will continue to grow (Branum & Lukacs, 2008). Schools must be prepared to protect these students from allergic reactions, and address the social and emotional implications of food allergies. Principals are the leaders of their schools and tasked with ensuring compliance with legal requirements. However, their responsibilities go well beyond this, and are tasked with implementing leadership practices that ensure that the physical, emotional, and developmental needs of all students are being addressed and managed.

My study examines the leadership actions and practices of principals that support food allergic students. My research questions were developed from a review of the relevant literature which is found in Chapter Two. I have detailed these research questions in Chapter 3, which also includes a detailed discussion of my research methods. In Chapter 4, I provide a summary of my findings. Finally, in Chapter 5 I discuss my findings, including implications and recommendations for school leaders.

This opening chapter will include a statement of the problem of schools' practical and legal responsibilities to serve the increasing number of students with food allergies—many of whom have life-threatening allergies. Next, I share critical information about food allergies, the purpose of my study and my research questions. The chapter concludes with a discussion of the potential implications and significance.

Statement of the Research Problem

Schools are responsible for an increasing number of students with life-threatening food allergies (Branum & Lukacs, 2008). Although many districts and schools have policies and procedures in place to support the unique physical and mental needs of these students, many schools are still discovering what is needed in order to manage this growing issue. Many of these policies and procedures are derived from laws protecting those with disabilities, including the Americans with Disabilities Act (ADA), Section 504 of the 1973 Rehabilitation Act, and the Individuals with Disabilities Education Act (IDEA). The Federal government recognized a need to provide support to schools when Congress passed the FDA Food Safety Modernization Act in 2011 (CDC, 2013). In this act Congress included Section 112, which calls for the Secretary of the U.S. Department of Health and Human Services, in conjunction with the Secretary of the U.S. Department of Education, to develop guidelines for schools. These Voluntary Guidelines, which were released in 2013, are intended to help schools and early childhood education programs manage the risk and needs of students with food allergies (CDC, 2013).

However, districts and schools across the nation are in differing states of implementing these Voluntary Guidelines. My study focuses on an elementary school principal who has been identified as a principal who has been working to implement best practices in the service of students with food allergies. I conducted a case study to analyze the leadership practices and actions exhibited by this leader. In particular, my analysis was guided by comparing the practices of the principal to those in the Voluntary Guidelines. I also reviewed how the principal complied with the federal laws that apply to students with food allergies. A review of the leadership of this principal provided guidance to other leaders seeking to support students with food allergies.

School leaders are developing a greater understanding of the needs of these students, and are becoming more adept at implementing practices in their buildings. However, there is still much to be learned about how to best support students with severe allergies, including what leadership practices and policies positively impact the school experience for food allergic children.

Background on the Problem

Researchers estimate that 5.6 million children under the age of 18 have food allergies (FARE, 2016). The number of children with food allergies has increased by 18% from 1997 to 2007 (Branum & Lukacs, 2008). As many as 40% to 50% of those with diagnosed food allergy are at high risk for anaphylaxis (Sampson, 2000). Anaphylaxis is a severe allergic reaction to venom, food, or a medication, and can be fatal if not treated immediately. Eighty-four percent of children with food allergies experience an allergic reaction while attending school (Bergren, Finnegan, & Powers, 2007). As a result, in 2001 eighty-six percent of schools had a protocol for the treatment of students with food allergies (Nowak-Wegrzyn, Conover-Walker & Wood, 2001). Schools must also be prepared to treat students with no previous known allergies, with 25% of the severe and potentially life-threatening reactions reported at schools happening in children with no previous diagnosis of food allergy (Sicherer et al., 2001).

Students with food allergies face a variety of issues while attending school. At the elementary level, food is served for breakfast and lunch. Students are also potentially exposed to allergens during snacks, class parties, class birthday treats, field trips, before and after school activities and occasionally classroom lessons. For example, materials in art can contain food products that students may be allergic to, such as wheat in some glue products. Older students are exposed to food during meals, as well as in some classes, such as family and consumer

sciences. Perhaps surprisingly, teenagers have a higher rate of anaphylaxis, with 49% of students requiring medicine to treat anaphylaxis coming from high schools (Bennett et al., 2015).

In addition to the physical threat for food allergic students, there are ramifications of having a food allergy that many students encounter while attending school. Many students with food allergies face bullying while at school, with 31.7% of children, and 24.7% of their parents reported bullying specifically due to their food allergy, frequently including threats with food (Ambrose et al., 2013). It is also reported that students with food allergies have elevated levels of stress and anxiety as compared to their peers, with 57% feeling a clinical level of anxiety (Feldman et al., 2017).

Principals are tasked with managing the diverse needs of every student in their building. Meeting the varied needs of food allergic students is a new challenge for many principals. This includes understanding how to prevent allergic reactions, but also introducing practices that safeguard and protect the mental health and overall well-being of these students. An important task for principals with food allergic students is correctly applying Section 504, the ADA, and in some cases, IDEA. Proper implementation of these laws may address many of the issues that impact students with food allergies. However, studies indicate that principals lack legal knowledge (Eberwein, Militello, & Schimmel, 2009). Studies have shown that the majority of principals feel inadequately prepared to address ADA and Section 504 issues (Guerra & Roberts, 2017; Novak, Schaaf, & Williamson, 2015). The application of laws that protect students with food allergies will be an important part of this study.

Purpose of Study

The purpose of my study was to discover the leadership actions and practices that support food allergic students. There is research that documents how many students are having reactions

at school, and how many staff members are trained to intervene when students have reactions. However, my search of the literature revealed that there is a gap in understanding the role of the principal in serving food allergic students. For this reason, I conducted a case study of a principal. I was particularly interested in the principal's efforts to comply with the legal requirements that apply to students with food allergies. I compared how the leadership actions and practices of this principal compared to those suggested in the Voluntary Guidelines. Finally, I studied how this principal works to ensure that all members of the school staff are trained and prepared to meet the needs of food allergic students. This includes working to create a safe, healthy and inclusive environment for students with food allergies.

Research Questions and Methodology

To summarize, the goal of my research is to analyze the leadership actions that principals take to support students with food allergies. To accomplish this, my study asks these research questions:

1. What are the leadership actions that principals should consider when serving students with food allergies?
2. How do principals' leadership actions align with CDC Voluntary Guidelines?

I conducted a qualitative case study of an elementary principal to answer my research questions. My data collection included four sources of data: interviews, document reviews, field notes and a survey which was sent to all the teachers at the school. I interviewed the head principal, the assistant principal, two teachers, the school nurse, and a parent. My interview protocols consisted of semi-structured questions and were crafted based on a review of relevant literature. The responses given in the interviews were recorded and transcribed.

In addition to conducting interviews, I completed a review of documents from the school related to food allergic students, including board policies that pertain to students with food allergies. A survey was created and sent to all the teachers at the school. My dataset consists of transcribed interviews, document reviews, field notes and the results of my teacher survey. The dataset was analyzed for themes and was interpreted to elicit the findings of the study. The methodology will be discussed in greater detail in Chapter Three.

Positionality

It is important to detail how this study was impacted by my own experiences as a parent of two children with food allergies, as well as an elementary school principal. My teenage daughter has several life-threatening food allergies, including to peanuts and tree nuts, and formerly to eggs and dairy. She has had several severe allergic reactions to food, although only one at school. The school reaction occurred when she was two years old and her teacher gave her a peanut butter granola bar, which was used a substitute for the class snack that contained dairy. One of her teachers gave her an epinephrine auto-injector and my wife and I rushed to the child care center to check on her. Fortunately, the epinephrine was successful and she did not require further treatment. Since then, we have continued to work closely with her elementary, middle, and now high school to address her needs as a food allergic student. We have had many successful years with responsive and thoughtful teachers and administrators, and some years that were frustrating. This includes times where teachers would attempt to modify our agreement to keep her classroom free of her allergens when the teacher desired to serve special treats or add additional parties which were not planned for at the beginning of the year. One takeaway from these incidents was the importance of advocating for our child.

My son is currently a middle school student and has a more extensive list of severe food allergies. Fortunately, he has never had a severe reaction in school (he has had many outside of school), although he has had several incidents at school that have led to increased anxiety. This includes an incident when he was three-years-old and his class was painting eggs for Easter, this was after we were assured by his teacher that his classroom would be free of eggs due to his allergy. My wife found him in the corner of the room scared and upset when she arrived for pick-up. After other incidents in the same classroom, we decided to remove him from this pre-school. In elementary school his class was using a glue that was made from wheat, which required him to work in the hallway during the completion of this unit. He was in second grade at the time, and my wife and I did not find out about this until the project was close to finishing. This incident again reminded us that we need to advocate for our children and that we needed to do a better job of communicating his needs. It also made us feel that his teachers and principals were unprepared to properly address his needs as a student with food allergies. In summary, the experiences I have had as a parent of two food allergic students has made me believe that many schools are unaware of many of the needs of students with food allergies, that teachers and principals lack the proper training needed to serve these students, and that parents are forced to strongly advocate for their food allergic children.

It is also important to note that I currently work as a principal of an elementary school, after previously working as an assistant principal and teacher at the elementary level. As an administrator I have had minimal involvement in the management of food allergies. This is mainly due to the small size of the school where I work. I have instituted changes that benefit food allergic students, including removing all nuts and peanuts from the menu where I worked as an assistant principal, and eliminating the use of food to celebrate birthdays at my current school.

I am a member of my district wide health council, where I am the elementary principal representative. I have been asked on several occasions to offer input on our district's policies related to food allergies.

As a principal, I am able to understand the divergent demands of the job, and the need to prioritize and balance the needs of all students. I have sat in principal meetings where food allergies were discussed. I have heard some principals say during discussions about the monitoring of birthday treats that they do not want to be the "cookie police". Other principals, often based on the demands of parents, have reached out to me about how to modify their existing food practices to help students in their schools with food allergies. I have worked with a fellow principal who desired to ensure that food allergic students and their families had a positive experience at her school. As a principal, I have had some parents report their child to have a food allergy, and then tell us that they do not carry an epinephrine and do not want any modifications to their child's classroom. This can be confusing as an administrator, as some allergies are seemingly taken very lightly by parents, and sometimes it quite the opposite. As an administrator in my current school they have all been of the first variety, with all parents appearing to be very casual about food allergies. Food allergies range in their severity, which complicates the management of this issue in schools.

It is my hope that I can use my experiences as a parent of students with food allergies, as well as being a principal, to increase my ability to understand the challenges that the families, students, and school employees are facing. The dynamics of food allergies, and as well as of leadership are complicated, ideally my knowledge base and experience working with these complex situations benefited my study. However, I also needed to be very careful that I didn't allow my own personal biases and experiences influence what I heard, as well as determined

during the data analysis phase of my study. I needed to remember that food allergic parents and students will have a variety of opinions and priorities, and they may be quite different from my own. I needed to be aware of my own biases towards leadership, and focus on what is effective, and not let my own personal preferences affect my view of leadership practices. Finally, I needed to be objective as I could be at all times, and focus on the guidelines for principals in the CDC's Voluntary Guidelines, as well as what accommodations are required by law. I created interview protocols based on the Voluntary Guidelines, these helped me stay focused on my research questions. I was able to provide support and confirmation to my conclusions by using multiple sources of data. The use of member checking helped confirm that my data is accurate, and that my conclusions are in line with the participants in my study.

Potential Implications and Significance

Students with food allergies have died because schools have been unprepared to meet their needs (FARE, 2016). The quality of life of food allergic children is impacted by their allergies, including their school experience (Muñoz-Furlong, Noone, & Sicherer, 2001). My study may be the first to review what type of impact principals' leadership has on the school experience of food allergic students. My study reveals how a principal who is compliant with federal laws also provides support to students that greatly benefits their school experience. My study offers a review of how a principal's practices in support of students with food allergies compares with the Voluntary Guidelines. My study provides a glimpse of how these guidelines could be better implemented by principals.

My study may help raise awareness for an issue that is likely to become even more important in schools. Parents with food allergic children are most likely going to increase their demands that schools are better prepared to protect their children. This focus is likely to start at

the elementary level, where students are most vulnerable. This is why I have focused my study at the elementary level, where food is so commonly used and where students are too young to advocate for themselves. My study heightens attention on the role of a principal in meeting the complex needs of food allergic students. My study helps parents, advocates, and school employees have a better understanding of how to manage food allergies in a school setting.

Ultimately, I hope that my findings help aspiring principals, and those who teach and guide principal preparation programs, to have a better understanding of the role of the principal in managing the diverse needs of food allergic students. My study may help those interested in developing professional development and training for principals understand what is required of principals when serving food allergic students. This research could also help parents of food allergic children understand how the principal impacts how their child's needs are managed in the school setting. Finally, my study may help researchers interested in food allergies understand the principal's role in protecting food allergic students.

Summary

This chapter introduced my study by outlining the background and purpose of the study, describing the methodology, and explaining the significance of the work. The next chapter will go into more depth. Specifically, Chapter 2 explores relevant literature on the topic, with content subdivided into four sections: (1) information about the frequency of reactions in schools, training of school employees, and a review of the psychological implications of food allergies, (2) the Federal legal protections for students with food allergies, (3) the Voluntary Guidelines, with a focus on the recommendations for building leaders, and (4) leadership qualities and attributes that have been shown to benefit special population students. Next, Chapter 3 contains a detailed description of the qualitative case study approach that will be used for this study,

including a description of the participants of the study and the methodology used to collect and analyze the data. Chapter 4 discusses the results of my study. Finally, Chapter 5 details my analysis of the findings to provide implications for practice and future research. In particular, I provide a list of recommendations for school leaders based on the results of my study.

Chapter 2: Literature Review

Introduction

Studies reveal that on average two students in every classroom may be affected by food allergies (Gupta et al., 2018). Food allergies impact the educational experience of children in a variety of ways, including their relationships with students and teachers, as well as their mental and physical well-being while in school. Legislators and policy makers have passed laws to protect citizens with disabilities. Many of these laws protect the rights of students with food allergies. Principals and other building leaders must ensure the proper implementation of policies and practices to safeguard compliance with state and federal laws. However, building leaders should go beyond observance of laws, and institute policies and practices that ensure a fair and equitable educational experience for food allergic students (CDC, 2013).

This study's exploration of the leadership actions a principal should consider when serving students with food allergies requires a complex understanding of how children are affected by food allergies. This chapter will first review how food allergies affect children's development, including how they impact children's school experiences to explore this complex dynamic. This section will include a review of children's allergic reactions while at school, along with the psychological impact food allergies has on parents and students. The elevated rates of bullying and harassment of students with food allergies will be detailed, as well as the current status of schools' preparedness to serve these students. The chapter will then focus on the federal laws that protect students with food allergies, including Section 504, the ADA, and the IDEA. An exploration of the laws that protect food allergic students is critical to understanding the actions principals should consider when serving food allergic students.

The next section of this chapter will review guidelines created by the government to provide support to schools and early learning centers in their efforts to manage the needs of students with food allergies. There will be a focus on the recommendations for principals in these guidelines. This review is critical to understand how the principals' leadership actions align with the CDC Voluntary Guidelines.

This chapter will conclude with a discussion of leadership characteristics commonly found in principals and other building leaders who are invested in supporting special population students, such as special education students. This discussion will provide a background for the leadership characteristics of principals working to support food allergic students and connect to the leadership actions a principal should consider when serving students with food allergies. These qualities of principals include the use of ethical decision making, legal literacy, and being active in the creation of inclusive environments for all students. Finally, this chapter will conclude with a summary detailing how my study will fill existing gap in the research. It will be one of the first, if not the first, to examine how principals support students with food allergies.

Food Allergies and Schools

Allergic Reactions in Schools

The rate of children with food allergies has dramatically increased over the past ten years, and recent estimates reveal that as many as 4 - 6% of children are affected (Gupta et al., 2011; Sampson & Sicherer, 2006). Children spend almost 50% of their non-sleeping time at school and after a child's initial allergic reaction, subsequent reactions are more likely to happen outside the home, with school being the primary place where they spend their time (Gaudreau, 2000). One study found that it is common for students with food allergies to experience accidental exposures to allergens and allergic reactions in schools, including as many as 15% requiring

treatment with epinephrine (Nowak-Wegrzyn, Conover-Walker & Wood, 2001). Epinephrine, more commonly known as adrenaline, is a medication and hormone that is used to treat a number of conditions, including anaphylaxis. Anaphylaxis is a severe allergic reaction to venom, food, or a medication, and can be fatal if not treated immediately. During anaphylaxis, epinephrine can be injected into a muscle, often the thigh, using an auto-injector. It is a highly effective treatment to care for serious allergic reactions, which is why it is a priority in any food allergy plan (CDC, 2013). Common brands for epinephrine auto-injectors include EpiPen and AUVI-Q.

Schools must also be prepared to treat students with no previous known allergies. A telephone questionnaire of 4586 parents in the US peanut and tree nut registry found that 25% of the severe and potentially life-threatening reactions reported at schools happened in children with no previous diagnosis of food allergy (DeSimone, Furlong, Sampson & Sicherer, 2001). Prompt recognition and reaction to an allergic reaction are essential to ensure best outcomes, with epinephrine as the primary medical intervention (Adkinson et al., 2006). This increase in the prevalence of food allergic students requires schools to prepare to meet the growing needs of these students.

A large scale study conducted of 6019 schools participating in the EPIPEN4SCHOOLS program found that 724 students had anaphylactic reactions during the 2013-2014 school year (Bennett et al., 2015). This sample size is larger than the typical food allergy study which typically fall into two categories; surveys of parents of children with food allergies or surveys of school nurses. The studies that survey parents often recruit through allergy clinics, these typically have samples sizes of less than 300 parents (Gupta et. al, 2018; Nowak-Wegrzyn, Conover-Walker & Wood, 2001). The studies that survey school nurses have a larger range, with typical sample sizes ranging from 100 to 2000 (Furlong et al., 2010; Powers et al., 2007).

The study of 6019 schools participating in the EPIPEN4SCHOOLS program was conducted in conjunction with Mylan, the producer of the epinephrine auto-injector EpiPen. The study appears to be free of any improper influence from Mylan. The purpose was to conduct an exploratory study of anaphylaxis and the use of auto-injectors in US schools during the 2013-2014 school year. The web based survey was answered by an individual at each school with knowledge of anaphylactic reactions and treatment during the school year. The study suggests that school nurses were the most likely individual to fill out the survey. This is likely due to nurses being the employee responsible for identifying which students in the school have allergies, and for implementing a number of processes that protect food allergic students. This includes Individual Health Plans.

The nearly 50% of students with any type of allergic reactions were in high school, 32% were in grade school, and 19% were in middle school (Bennett et al., 2015). In reviewing what percentage of the reactions were due to food allergies, 64% at high school, 67% at middle school, and 69% at elementary school were *due to a food allergy*, with another portion of reactions at each level due to an unknown cause, ranging from 14% at elementary level to 22% at high school level (Bennett et al., 2015). It is clear from studies that students are having allergic reactions at schools due to food allergies and that schools are not always prepared to properly handle these reactions (Gupta et al., 2018). However, research has shown that food allergies impact families in many ways beyond the actual physical reaction to allergens. These issues will be discussed in the next section.

Psychological Impact of Food Allergies

Impact on Parents and Caregivers.

There is no cure for food allergies at present. Management is restricted to avoidance of allergens, requiring parents and caregivers to manage every aspect of the food children with allergies eat. Parents also carry the responsibility of educating and training all adults who will interact with their food allergic child, including family members, school personnel, neighbors and friends. Managing the needs of children with food allergies has a significant impact on the health and well-being of parents. A quantitative survey of 253 parents of children with food allergies found that as compared to previously established norms, the families had a lower perception of their general health, lower quality of life, and faced more limitations on family activities (Muñoz-Furlong, Noone, & Sicherer, 2001). The mean age of the food-allergic children in this study was 10.8 years, with a range of five to eighteen years. These findings about the negative effects allergies have on families are supported by the results of a review of 17 studies which focused on the psychosocial impact of food allergies. The review contained studies with a variety of sample characteristics, including age of participants and instruments used. The review found that in most of the studies that parents and caregivers had elevated levels of stress, anxiety, and a lower quality of life (Cummings, King, Knibb, & Lucas, 2010). Mothers of food allergic children have been reported to have worse psychological health and physical quality of life than fathers, and have higher levels of anxiety and stress (Hourihane, King, & Knibb, 2009). The cause of this is reported to be due to the stress of managing their children's needs, as well as the anxiety and fear that comes from possible life-threatening reactions. Fortunately, fatal reactions are extremely rare (Cummings, King, Knibb, & Lucas, 2010).

Transitioning a child from the care of parents and babysitters at home is often a difficult process for parents, this is especially true of parents with food allergies. Several studies have

shown that parents of food allergic children have elevated levels of stress and anxiety in regards to the transitioning of their child to school (Chalmers, Gillespie, Watson & Woodgate, 2007; Katelaris, Said, & Sanagavarapu, 2016). Concerns of parents include the fear of a reaction at a variety of school events, adequate training of school staff, and trusting school staff to make the correct decisions. In a study of 87 food allergic families, 34% reported that food allergies had an impact on their child's school attendance, and 10% chose to home school their child due to food allergies (Bollinger et al., 2006). Parents of children with food allergies have to contend with other issues arising from enrolling their child in school, with 40% of the 2945 parents surveyed in a nationwide study reporting having experienced hostility from other parents while trying to accommodate their child's food allergy (Gupta et al., 2010). Ten mothers in a small Australian study shared that their vigilance and efforts to protect their child while in school was often perceived as overdramatic and overprotective (Katelaris, Said, & Sanagavarapu, 2016).

This body of research about the psychological effects of families illustrates that food allergies affects the entire family's relationship with the school. However, my search of the literature did not locate any research studying how principals can reduce this psychological impact through their actions and leadership practices. Research of food allergies in schools has focused on physical reactions to food without enough analysis of the psychological impact, although there has been some research on the bullying of food allergic students which will be covered in another section.

Impact on Children.

Food allergies affects children in a number of ways. Children with food allergies report feeling a sense of insecurity, including fear of an allergic reaction, as well as feeling misunderstood by others (Bonaguro et al., 2014). A study of 20 children in the United Kingdom

with peanut allergies that incorporated both a questionnaire and video recordings found that children with this allergy felt more threatened by hazards in their environment, felt more restricted during physical activities, and worried more about being away from home (Avery, Hourihane, King & Knight, 2003). They also had a lower quality of life than children with insulin-dependent diabetes; the researchers believe this is due to the anxiety associated with food allergies (Avery, Hourihane, King & Knight, 2003). Studies of children with food allergies have found that 57% of children with food allergies have clinically significant levels of anxiety (Feldman et al., 2017).

Cameron and Thelen (2012) found that having food allergies has an impact on a child's physiological development. One study focused on 46 children with peanut allergies found that these children have a lower quality of life when compared to their siblings (Hourihane, King, & Knibb, 2009). In food allergic children, the normal development process of working towards personal autonomy and freedom is impacted by the anxiety of the child and the parents, as well as the need for vigilance and management of the allergy (Bonaguro et al., 2014). Children who have experienced a severe reaction sometimes develop a fear of eating, become withdrawn, or develop disordered eating (Muñoz-Furlong, 2003). At the other extreme, adolescents are more inclined towards risk taking when it comes to food allergies, which puts them at higher risk for fatal reactions (Erlewyn-Lajeunesse et al., 2010).

In light of this body of research, principals should be aware of the variety of ways that food allergies impact a student's development, and be prepared to support these needs. Studies in schools have primarily focused on the level of preparation of school nurses and school staff to allergic reactions, including the use of epinephrine auto-injectors (Bennett et al., 2015; Furlong et al., 2010). There is a gap in the research that analyzes how principals can create inclusive,

safe, and healthy environments for food allergic students to meet their full psychological needs. Unfortunately, the harassment and bullying of students with food allergies is an area that building leaders must also be prepared to address.

Harassment and Bullying

Bullying is an important issue impacting students with food allergies. Lin and Sharma (2014) set out to further understand the prevalence and impact of bullying after prior studies indicated students with food allergies experienced teasing and bullying. They found that 71% of the 115 adolescent students who completed an online questionnaire had been teased by other students because of their allergy. Regarding frequency, 55% reported having been teased once or a few times, 8% less than once a week, and 8% more than once a week (Lin & Sharma, 2014).

Researchers have also found that these students are more vulnerable to bullying, and that they are also disproportionately impacted by bullying (Gesler, Ne'eman, & Young, 2011). Incidents include anecdotal stories of a bully walking up to a twelve-year-old student with dairy allergies and smearing cheese on his face and a six-year-old student having classmates wave animal crackers in his face at an allergy friendly lunch table (Rabin, 2018). The most concerning incidents are when bullies put allergens into a food allergic student's food without being noticed, triggering a potentially life-threatening reaction.

Ambrose et al. (2013) conducted a study to quantify the extent and methods of bullying in a group of food allergic children. They surveyed 251 families who were recruited during allergy clinic visits. Many of relevant studies of food allergic children are conducted by medical practitioners, including doctors focused on treating food allergies. This quantitative survey found that 31.7% of children, and 24.7% of their parents reported bullying specifically due to their food allergy, usually including threats with food (Ambrose et al., 2013). A separate survey

of 353 teens, adults, and parents of children with food allergies found that 24% of respondents had been bullied, teased, or harassed due to a food allergy, with 86% reporting multiple episodes (Furlong et al., 2010). This survey found that 80% were bullied mainly by classmates, while 21% of those bullied, teased, or harassed reported that perpetrators to be teachers or other school staff (Furlong et al., 2010).

Bullying causes many issues beyond the threat of a reaction, incidents can have a psychological toll, including causing stress, anxiety and affecting quality of life (Gini & Pozzoli, 2013). Children may start refusing to go to school, become isolated socially, and even become depressed or suicidal. Studies have shown that adult involvement in bullying is usually effective in stopping the behavior (Rabin, 2018). This includes interventions by principals, teachers, and social workers that includes mediation, training for teachers on how to conduct effective conversations with bullying students, implementation of whole-school evidence based anti-bullying programs and communication with parents and guardians (Ambrose et al., 2013; Gesler, Ne'eman, & Young, 2011; Noam & Strohmeier, 2012). Unfortunately, students often do not report bullying due to food allergies to their parents, and as they get older they become even more unlikely to report incidents to their families (Ambrose et al., 2013). When parents are aware that their child is being bullied there is a higher quality of life for students and less distress for the children involved (Ambrose et al., 2013). The research on the bullying of students with allergies also discusses how these students are afforded additional protections under federal laws from harassment, bullying, and discrimination. Yet, a discussion of these laws will be detailed in a section later in this chapter.

Research on the bullying of food allergic students has focused on the frequency and the mechanism of the bullying, and neglected to determine what school officials, including

principals, should be doing to reduce the bullying of food allergic students. My study will review principal actions that ensure that all members of the school community work to create a safe, healthy and inclusive environment for students with food allergies. This includes the principal's actions as a leader and the leadership practices which impact the behavior of the students and adults in the building.

Training for School Employees

In order for employees to prevent and address bullying the literature indicates that training is needed specific to bullying, but training about allergies in general needs to be improved. School employees are often unaware of the needs of food allergic children (Powers et al., 2007). Studies have shown a need for better training and preparation for school personnel in how to serve food allergic children (DeSimone et al., 2001; Powers et al., 2007). Several studies have identified significant deficiencies, including lack of staff training on preventive measures and emergency treatments, lack of written action plans or failure to use them properly, and lack of epinephrine auto-injectors for life-threatening reactions (DeSimone et al., 2001; Powers et al., 2007). DeSimone et al. (2001) conducted a study of 4586 children with specific nut allergies. They found that in schools, “an emergency plan was available for only 33% of students, and was followed only 73% of the time” (p. 156).

Teachers are the first responders for the majority of allergic reactions and it is therefore critical that they, along with other staff members, are trained on how to respond appropriately to allergic reactions (Powers et al., 2007). In a large scale study of 6019 schools that were participating in EPIPEN4SCHOOLS program, 36% of schools trained only the school nurse and select staff to recognize anaphylaxis, 29% trained most staff, and 31% trained all staff (Bennett et al., 2015). A majority of schools (54%) permitted only the school nurse and select staff to

administer epinephrine; 16% permitted most staff, and 22% permitted all staff to administer epinephrine (Bennett et al., 2015). This study focused on rates of anaphylaxis and use of auto-injectors along with the training rates of teachers and staff. The study did not review the leadership actions of principals that supported the training of teachers and staff. It also did not study the principal's role in ensuring schools were equipped and prepared to respond to reactions.

My review of the literature indicated that school nurses are perhaps the most trained and most important school employee to protect students with food allergies. Principals and school leaders rely on the knowledge and expertise of their school nurse to support food allergic students. School nurses are the leaders in the development and implementation of school health-related policies and often work with students' doctors to coordinate the health needs of students (Gupta et al., 2018). The availability and accreditation level of school nurses varies greatly in schools (Avner, Olympia & Wan, 2005).

Some schools have a registered nurse (RN) in their health office, a RN has graduated from a licensed nursing program and has a bachelor's degree. Schools frequently have to share their RN with other schools in their district (Arbit, Furlong, Muñoz-Furlong & Weiss, 2004). Some schools have a licensed practical nurse (LPN) in their health office. LPN's work under the guidance of RN's, and have a postsecondary degree, often an associate degree from a licensed nursing program. In many schools the LPN works every day at the school, and the RN rotates through several schools helping to support the work of the LPN's. Some schools have health aides, who are sometimes a trained LPN, but often are unlicensed employees (Avner et al., 2005). In these schools a RN supports the daily work of the health aide. When referring to nurses in this study, I will be referring to either a licensed RN or LPN. When I use the term

health aide, I am referring to an unlicensed employee staffing the health office. The availability of accredited nurses in the health office may impact the quality of care that a food allergic student receives. This will be reviewed in my study through the examination of how the principal's leadership actions impact the support provided to food allergic students by school nurses and health aides.

A recent survey of 242 school nurses found that 96.7% of the schools had training on anaphylaxis and the use of epinephrine auto-injectors for school staff, with 88.0% of nurses, 70.3% of administrators, 30.2% of athletic trainers, 42.6% of specials teachers, 45.0% of teachers, and 22.3% of all staff trained on the use of epinephrine auto-injectors (Gupta et al., 2018). The study also reported that 88.4% of nurses reported training of lunchroom staff about food allergies, 81.7% reported availability of stock emergency epinephrine, and 79.2% reported children being allowed to carry their own medication (Gupta et al., 2018). This survey also found that school lunch items were labeled with allergens 31.4% of the time, 29.6% of after-school activities had specific food policies and 28.0% had stock epinephrine that traveled with groups outside the school. The researchers in this study point to areas that could be improved, including labeling of school lunch items with allergen information, specific food policies for school activities, including after-school programs, and ensuring schools have emergency epinephrine with students on field trips or other activities away from school.

This study by Gupta and co-researchers of 242 nurses is beneficial due to its recentness, as well as its extensive review of food policies in place in schools, including a break down by region and size of school. However, the focus is the nurse's role in schools. My study will focus on the principal's role in managing food allergies. This is a new focus for food allergy research. In light of the existing research about training of school employees, it appears that past research

has not focused on what principals are doing or should do to ensure their staff are trained. To address this limitation, my study will examine principal's collaboration with available health staff, including health aides and nurses to support children with food allergies.

As discussed next, schools that fail to properly prepare principals, teachers, nurses, and other staff members to properly serve and protect students may in be violation of laws that protect students with disabilities.

Legal Protections for Students with Food Allergies

Students with food allergies may be eligible for protection and accommodations under state and federal laws, including Section 504 of the Rehabilitation Act of 1973 (Section 504), the Americans with Disabilities Act (ADA), and Individuals with Disabilities Education Act (IDEA). Other federal laws and regulations that protect and relate to students with food allergies include The Richard B. Russell National School Lunch Act (NSLA), the Child Nutrition Act (CNA), Child Nutrition Program (CNP) regulations, U.S. Department of Agriculture's Non-discrimination regulations, and the FDA Food Safety Modernization Act (FSMA) (CDC, 2013). I have not included relevant state laws for a couple reasons, including that they vary greatly by state and I want to focus on legal protections that apply to all students in American public schools. Also, Indiana state laws, including Article 7, did not come up during my collection of data. It is important to note that state laws could expand the rights afforded to food allergic students in those states, however state laws cannot contradict federal law (Yell, 2012). This section will discuss each of the federal laws and regulations in more detail, and describe how they relate to students with food allergies.

Section 504 of the Rehabilitation Act

Section 504 is a federal law that prohibits any program or activity that receives federal financial assistance from discriminating on the basis of disability. Public school districts, state and local educational agencies, and post-secondary educational institutions are recipients of financial assistance from the U.S. Department of Education. All public school districts are part of Section 504, this includes public charter schools and magnet schools. This also includes public colleges and universities, as well as most private universities and colleges since they receive federal financial assistance by participating in federal student aid programs (ED, 2019). Private schools that do not receive federal funding are not required to follow Section 504, however if they indirectly receive funding, such as a grant from a non-profit whose source for the money was the federal government, the private school would be required to comply with all components of Section 504 (Falaschi, 2015). This is true even if the grant was for only part of the private school's programming, such as the school lunch program.

Under Section 504 regulations, a qualified student with a disability is to be provided by school districts an opportunity to benefit from the school district's program equal to that of students without disabilities (Galanter, 2013). The Department of Education's Office for Civil Rights (OCR) is responsible for enforcing Section 504 as it applies to recipients of federal funds. Part of OCR's enforcement is to ensure that students with disabilities receive what is called a Free Appropriate Public Education (FAPE), defined in Section 504 as,

the provision of regular or special education and related aids and services that are designed to meet individual needs of handicapped persons as adequately as the needs of nonhandicapped persons are met and are based on adherence to procedures that satisfy the requirements of the section. (34 C.F.R. § 104.33(b))

It is important to clearly define how to determine whether a student qualifies for services under Section 504. This includes its definition of a disability, its eligibility requirements, and the process that is used to evaluate whether a student is eligible for services.

Defining Disability and Eligibility.

A person with a disability under Section 504 is defined as, “any person who (i) has a physical or mental impairment which substantially limits one or more persons’ major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment” (29 U.S.C. § 706[7][B]). Applying the definition of disability under Section 504 to food allergic children, “Children with food allergies may be substantially limited in major life functions such as eating, breathing or the operation of major bodily function such as the respiratory or gastrointestinal system” (CDC, 2013, p. 87). If any of the major life functions are limited by a student’s food allergies, they are considered to have disability as defined under Section 504 (CDC, 2013). If a student meets the definition of disability under Section 504, then the Section 504 regulations require that school districts provide appropriate accommodations regardless of the nature or severity of the students’ disability. When considering eligibility under Section 504, districts must understand that, “A school district is not relieved of its obligation to evaluate as student with a health condition simply because a student has IHP” (Kim & Samples, 2013). An IHP is an Individualized Health Plan, which is a healthcare document which details all of the healthcare services that will be provided to a student by the school. The IHP details the daily medical requirements of a student that need to be monitored and serviced by a school nurse. It also details the action plan for student with critical medical needs, such as seizures or food allergies. The implementation of IHP’s for students with food allergies will be discussed in greater detail at the end of this section.

A student may have allergies, even food allergies, and not meet the definition of having a disability under Section 504. For example, in *Smith v. Tangipahoa Par. Sch. Bd.* (2006), a US district court in Louisiana found that a student's allergy to horses was not severely limiting, and the accommodations requested by the student's family and doctor, including having an epinephrine auto-injector in the health office was similar to the needs of other students who did not have a Section 504 Plan. This case indicates that having an allergy, even one accompanied by a physician's order for an epinephrine, is not sufficient to ensure qualification for Section 504. Another example is seasonal allergies that may require the use of medication, such as Benadryl or another antihistamine. A doctor's order for these medications would likely not be sufficient justification to qualify as having a disability under Section 504.

Returning to the definition of a disability under Section 504, assessments must be made by schools on a case-by-case basis and be based on the severity of the impairment and whether it is severely limiting. Only students who have more significant or severe reactions are likely considered to have a disability (Nienstadt, 2016). For example, a student whose parents report that he has an allergy to strawberries and has a history of skin rashes when ingesting strawberries is unlikely to qualify for Section 504. However, a student with a history of anaphylactic reactions to strawberries, requiring the use of life saving medication, would likely qualify since the threshold of at least one major life function (breathing) has clearly been impacted.

For public elementary and secondary educational schools, for a student to be considered qualified, the student must be, "(i) of an age during which persons without disabilities are provided such services, (ii) of an age during which it is mandatory under state law to provide such services to persons with disabilities, or (iii) to whom a state is required to provide a free appropriate public education under the Individuals with Disabilities Education Act" (34 C.F.R. §

104.3(l)(2)). Therefore, a student who meets the requirements to be qualified, and has a disability that meets the requirements of Section 504 definition, is entitled to protections.

When a food allergic student is qualified and suspected as having a disability because the allergy is interfering with his/her major life activities such as breathing, walking or learning, the school must conduct an individualized evaluation process for this student (34 C.F.R. § 104.35b). The evaluation process for Section 504 is far less comprehensive and litigated than it is for other laws for students with disabilities, such as the Individual with Disabilities Education Act (IDEA). Schools are required to establish standards and procedures for initial evaluations and periodic re-evaluations of students who need or are believed to need services because of a disability (ED, 2019). The quantity of information and data required is determined by the multi-disciplinary committee in charge of evaluating the student. The committee must include a group of individuals who are knowledgeable about the child, the meaning of the data, and the placement options (ED, 2019). The members of the committee are responsible for determining whether they have sufficient information to make an informed decision about whether or not the student has a disability. Committees are required to use information from a variety of sources (34 C.F.R. § 104.35 (c)). If a committee determines that a student is eligible for Section 504, the same committee must work together to create an individualized plan to support the student's needs.

Section 504 Plan.

If the evaluation process determines that the student does have a disability as defined under Section 504, the school must design and implement an individualized plan to provide that student with an appropriate education (Kim & Samples, 2013). Although a written plan is not required under Section 504, schools commonly design and implement a written individualized

plan to document the accommodations. This plan is typically called a Section 504 Plan. It is helpful to have a written plan to provide direction to the teachers or individuals delivering or making the accommodations. The intent of the plan is to provide individualized accommodations and services that provide for the student's participation in the school's educational program. An important note, if a student qualifies under IDEA, which will be detailed in a further section, a student must receive and have their accommodations documented in an IEP (ED, 2019). Under Section 504 regulations, one way to meet the requirements of FAPE is to implement an IEP. In short, if a student qualifies for both IDEA and Section 504, the plan to ensure a student's FAPE is documented in the IEP, a Section 504 plan is not required.

The intent of the accommodations and support in a Section 504 plan are to enable the student to have their needs met to the same extent as nondisabled peers. Schools are not required to provide services or benefits beyond what a typical peer experiences (Kim & Samples, 2013). For example, it would be unreasonable for parents to ask in a Section 504 Plan for multiple adults to supervise a food allergic student during lunch (*CTL v. Ashland Sch. Dist.*, 2014). Common services and modifications included in 504 Plans for food allergic children are detailed in this quotation from the CDC (2013),

include implementing allergen-safe food plans, administering epinephrine according to doctor's orders (even if the school or ECE program has a no-medication policy), allowing students to carry their own medication, and providing an allergen-safe environment in which the student can eat meals. (p. 87)

Schools that create Section 504 plans that help students have FAPE are able to avoid legal complications. However, this is only part of their obligation as there are several legal

protections in Section 504 that schools must comply with, including notices that must be provided to parents/guardians.

Protections Under Section 504.

Section 504 outlines a number of protections for students who have met the definition for disability. First, under Section 504 regulations school districts are prohibited from doing any of the following actions:

- (i) Deny a qualified handicapped person the opportunity to participate in or benefit from the aid, benefit, or service;
- (ii) Afford a qualified handicapped person an opportunity to participate in or benefit from the aid, benefit, or service that is not equal to that afforded others;
- (iii) Provide a qualified handicapped person with an aid, benefit, or service that is not as effective as that provided to others;
- (iv) Provide different or separate aid, benefits, or services to handicapped persons or to any class of handicapped persons unless such action is necessary to provide qualified handicapped persons with aid, benefits, or services that are as effective as those provided to others;
- (v) Aid or perpetuate discrimination against a qualified handicapped person by providing significant assistance to an agency, organization, or person that discriminates on the basis of handicap in providing any aid, benefit, or service to beneficiaries of the recipient's program or activity;

or

- (vii) Otherwise limit a qualified handicapped person in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving an aid, benefit, or service. (34 C.F.R. § 104.4 (b)(1)(i) – (vii))

A school district must conduct an individualized evaluation of a student before providing services. Section 504 requires parental permission for initial evaluations, although does not provide information on the form of parental consent required. Parents are protected by a number of procedural safeguards. These include that school districts are required to,

establish and implement procedural safeguards that include notice, an opportunity for parents to review relevant records, an impartial hearing with opportunity for participation by the student's parents or guardian, representation by counsel and a review of procedures. (ED, 2019, p. 13)

Districts are required by Section 504 to provide notice to parents regarding any evaluation and placement decision and must explain parents' right to see and review all educational records. Parents must be provided notice that they can appeal any decisions regarding evaluation and placement through the use of an impartial hearing. In cases of conflict between parents and a district, the OCR is available and may offer to facilitate mediation. This is referred to as "Early Complaint Resolution" and may help to resolve a complaint filed under Section 504. If OCR offers this remedy, and both parties consent, the OCR will strive to work to facilitate resolution by providing information about legal standards and offer possible remedies (ED, 2019). OCR does not monitor the any agreement made between the parties. In extreme cases, if a district does not comply with voluntary guidance provided through the negotiation of a corrective action agreement, the OCR can initiate proceedings to terminate Department of Education financial assistance to the district (ED, 2019).

When a parent refuses consent for an initial evaluation, the district may use due process hearing procedures to seek to override the parents' denial of consent if school believes the student has a disability (ED, 2019). For food allergic students, this would appear to be unlikely as most case law indicates it is parents and guardians who are the ones advocating for protection for their food allergic students under Section 504. These cases indicate conflict occurs when districts disagree with a parent's view that a food allergic child is protected by Section 504. Section 504 does not provide individualized funding for students with a disability like IDEA

does, so districts are unlikely to proceed with due process hearings to seek permission for an evaluation of a food allergic student when a parent refuses to grant permission.

The federal government has demonstrated an interest in ensuring students with disabilities are afforded an equal opportunity to participate in school-sponsored sports (Galanter, 2013). Students with disabilities must not be excluded from extracurricular athletics, including teams, clubs, or intramurals if they are otherwise qualified. School districts are not required to allow all qualifying students with disabilities to participate in any selective or competitive program since students may be required by districts to have a level of skill or ability that is required to participate in the selective or competitive activity, as long as the selection or criteria for selection are not discriminatory (Galanter, 2013). Athletic programs are not required to modify as essential element of the sport, rather they must evaluate any rule that would prohibit a disabled student from participating, and if the rule is not an essential feature of the sport, then the rule should be modified or ignored to allow the qualifying student to compete. Districts are required to adopt grievance procedures that include appropriate due process standards and incorporate prompt and equitable resolution procedures for complaints alleging violations of Section 504 (34 C.F.R. § 104.7 (b)). Students with food allergies would not typically require any modifications to a sport rules, however may require services such as coaches or athletic trainers trained on the use of epinephrine auto-injectors.

Despite remedies available to solve disputes, some legal scholars believe there is still potential for continued litigation when there is a disagreement over whether a student qualifies for Section 504. Zirkel (2012) wrote in reference to Section 504, “this broader and overlapping statute and its regulations has received insufficient attention, particularly in terms of its impartial hearing mechanism and in light of it foreseeably increasing utilization” (Zirkel, 2012, p. 1). This

includes disputes between parents and districts over not only eligibility, but also whether a child is receiving FAPE. The main avenue for resolving these disputes is an impartial hearing, unfortunately the hearing process often does not have a clear and prescribed manner that schools and parents can follow. This is due to confusion not only in practice, but also in the law (Zirkel, 2012). With the increase in students with food allergies, and likely increasing number of parents seeking accommodations through Section 504, this will be an area for principals and districts to monitor.

The use of Individual Health Plans (IHP) instead of Section 504 plans for students with significant health needs is an issue the OCR has recently investigated and offers clarity when determining the relationship between IHP's and Section 504 plans.

Individual Health Plans Versus Section 504.

An IHP is a written document that details the healthcare services required to serve a student's medical and health needs. IHP's are able to fulfil administrative and clinical purposes, including management of healthcare conditions to promote learning; facilitating communication, coordination, and continuity of care among service providers; and evaluation/revisions of care provided (Kim & Samples, 2013, p. 270). The creation of an IHP does not signify that the student has been determined to have a disability and there is no legal requirement stating that the IHP has to be created by a group of individuals, as there is in Section 504. The OCR has recently completed a number of investigations relating to IHP's and its connection to Section 504. The OCR has made it clear that the creation of an IHP for a student should not interfere with or delay a district's obligation to consider and evaluate whether a student qualifies under Section 504. In an OCR investigation involving the Opelika City, Alabama School District, the OCR found that a 19-month delay in evaluating a student under Section 504 was an unreasonable

delay, even though the student had an IHP in place (Kim & Samples, 2013). In investigations in Tyler, Texas Independent School District (2010) and Forest Hills, Ohio School District (2011), the OCR determined that the districts' practices of relying on IHPs and not conducting separate Section 504 evaluations was a violation of the procedural safeguards of Section 504 (Kim & Samples, 2013).

The OCR initiated a compliance review in the Memphis City School District to determine whether the district appropriately evaluated students with IHP's for a variety of medical conditions, including food allergies, diabetes and asthma. After a analysis of the district's data indicating how many students had IHP's and Section 504 plans, the OCR determined that students with IHP's were not evaluated pursuant to Section 504 and their parents were not provided their due process rights (Kim & Samples, 2013). The OCR determined that it was the school nurses who were responsible for reviewing student's registration records to determine if there were medical conditions and were completely responsible for determining what interventions were appropriate. They did not consider whether students were eligible for Section 504, or refer the information to others to make this determination. The OCR worked with the district to change their policy so that the nurses would forward the information to the school's Section 504 coordinator upon receiving notification of health related condition (Kim & Samples, 2013). There are other legal cases that help clarify the rights of food allergic students under Section 504, the most influential will be detailed in the next section.

Relevant Section 504 Court Cases.

There are several recent court cases that are important to review involving Section 504 that are related to students with food allergies. These cases were chosen because they frequently appear in research and articles regarding food allergies. They were also selected because they

help to clarify what the courts consider to be a reasonable accommodation under Section 504.

The first is *T.F. v. Fox Chapel Area Sch. Dist.* (2013) which involved a Pennsylvania kindergartener. T.F.'s parents sued the school because their child with food allergies was required to eat lunch alone at a desk in the cafeteria. The parents argued the school district discriminated against them in violation of Section 504 and failed to provide a Free Appropriate Public Education (FAPE). However, the federal district court ruled that the district did not violate Section 504 and did provide FAPE. The school district was found to be in compliance,

because the evidence established that they acknowledged eligibility and worked with the parents, even as demands increased. Districts cannot simply ignore food allergies or other disabilities. 504 Plans must be considered. However, 504 Plans do not have to encompass every demand made by a parent. Rather, 504 Plans must contain reasonable accommodations that allow a child to access the benefits of the District's educational program. (Andrews & Price, 2014, p. 1)

In *CTL v. Ashland Sch. Dist.* (2014) the Seventh Circuit Court of Appeals held that the district did not fail to follow the requirements of a student's 504 Plan. It was determined that the school did not fully comply with a requirement of the 504 Plan requiring three members of the staff to be properly trained to deal with student's medical condition. However, the court ruled that this failure was minor and did not show a failure to accommodate the student's disability. The court noted that the student's attendance at school was high and that he performed well and suffered no adverse health issues while at school. The court also ruled that the family's request to have the ability to adjust his insulin was not actionable because the doctor's orders did not provide this ability to the student. This case highlights that school districts that make good faith efforts at accommodating a student's food allergies under Section 504 are likely to prevail in

court, especially if there is a record of student success, such as academic growth and good attendance. It also shows that technical matters, such as the physician's orders for schools, must be precise for students to receive their appropriate accommodations.

The implementation of Section 504 for food allergic students is complicated. My study will explore how the leadership actions of the principals in this study support compliance with the requirements of Section 504. My study will review the procedures used by these principals to determine student's eligibility under Section 504, and possibly explore principal's practices to ensure FAPE for qualifying students.

Americans With Disabilities Act

The ADA is very similar to Section 504 because it also is a civil rights statute that protects students with disabilities. They have the same definition of disability, however there are several differences in the laws. The ADA Title II of the ADA prohibits discrimination on the basis of disability by public entities. This includes public elementary schools, secondary schools, and post-secondary educational institutions, whether or not they receive federal assistance. Title III applies to private schools, and requires even those that do not receive any direct or indirect federal funding to comply with the ADA. This is different from Section 504 which does not apply to private schools unless they receive federal funding. Students with a qualifying disability under the ADA must be given equal access to any school activity, program, class, or service (CDC, 2013; Zirkel, 2009). The OCR, along with the U.S. Department of Justice (DOJ) are responsible for enforcing Title II of the ADA as it applies to recipients of federal funds. Title II of the ADA provides as much protection for students with disabilities as Section 504, hence violations of Section 504, including failure to provide the regular or special

education and related aids and services to these students would also constitute violations of Title II (Lhamon, 2014).

The Americans with Disabilities Act (ADAA) Amendments Act of 2008 changed the meaning and interpretation of the term “disability” under the ADA and under Section 504. The intent of these changes was to restore the broad scope of the law by making it easier for individuals to establish their disability (USDA, 2017). ADA defines a person with a disability as, “a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment”. This is the same as Section 504’s definition of a person with a disability. Similar to Section 504, if a food allergic student’s major life functions are affected by their allergies, they qualify as having a disability under the ADA. Students covered by the ADA must be given an equal opportunity to participate and benefit from school programs, services, and activities (Zirkel, 2009).

The ADA Amendments Act made it clear that school districts may not consider the ameliorating effects of mitigating measures when determining eligibility (ED, 2019). This is a change from previous version of the law. Prior to this change, when determining whether a student had physical or mental impairment that substantially limited a major life function, the school could consider the student’s use of mitigating measures. Congress did not define the term “mitigating measures” but instead provided a non-exhaustive list of “mitigating measures,” including medication, medical supplies, equipment and appliances and more. For food allergic students, some courts have considered a mitigating measure to be the availability of epinephrine or other medications, as well as the option to completely avoid allergens. There have been conflicts between how food allergy plaintiffs, advocates and lawyers have interpreted the ADA,

including what constitutes a mitigating measure for food allergic students and the decisions made by judges and courts.

Relevant ADA Cases.

In *Land v. Baptist Medical Center* (1999) the Eighth Circuit agreed with a district court's ruling that a daycare center had the right to refuse to provide services to a child with a peanut allergy. The mother of the child sued under the ADA, the court concluded that, "because the girl could eat any food other than peanuts, and that her breathing was only affected during an allergic attack, her food allergy did not substantially limit any major life function" (Mustard, 2015, p. 7). The court further reasoned that because the girl's allergy attacks were rare and manageable, she did not qualify for protection under the ADA. The expanded definition of the disability and other changes prompted by the ADAA should end the usefulness of this decision, including that mitigating measures may no longer be considered when deciding eligibility. Another aspect of the *Land* decision that is no longer applicable due to the ADAA is that since the girl's attacks were infrequent and manageable, she did not qualify under the ADA. Mustard (2015) explains,

Specifically, the ADA was amended to include an impairment that is 'episodic', even if that impairment only 'would substantially limit a major life activity when active'. This rule of construction perfectly describes the reasoning used against the plaintiff in *Land* and provides a strong argument that individuals with food allergies can no longer be denied coverage under the ADA. (p. 188)

Another decision made before the ADA was amended was federal district court case of *Bohacek v. City of Stockton* (2005). In this case from California, a federal district court found that a student's peanut allergy did not qualify as a disability, even though it could limit the child's ability to breath. This decision, along other similarly decided decisions in the lower

courts, prompted congress to act to ensure the original intent of the ADA. As stated above, Congress intentionally expanded the range of what qualifies as a disability under ADA when passing the ADA Amendments Act (ADAA) of 2008. Falaschi (2015) explains,

The legislation noted that certain decisions by Supreme Court narrowed the scope of protection that Congress intended to afford individuals with disabilities under ADA, and as a result lower courts had incorrectly found, in individual cases, that people with a range of substantially limiting impairments are not people with disabilities. (p. 8)

The effect of the ADAA on the courts has been more measured than immediate on disability claims (Mustard, 2015). Mustard (2015) explains, “whether the definition now includes those with severe food allergies remains unsettled, but recent cases are positive indications for the future” (p. 12). Some argue that protection under the ADA is not sufficient, and that there must more protection and laws to support people with food allergies, including consequences when the law is not followed (Nienstadt, 2016). This includes in schools, Nienstadt (2016) argues,

Many states and the federal government already have laws in place that govern school districts responsibilities regarding their students and stocking epinephrine. However, more states should follow their lead, and some states should amend their laws to make them more cohesive. States should have very clear cut laws on the measures school districts have to take to keep their students safe. It is appropriate to have school districts set their own policies to an extent, but the state should tell the individual school districts what should be in the policies. (p. 16)

Recent action by the federal government is positive for those with food allergies, as settlements with the Department of Justice have demonstrated the federal government's view that students with food allergies should be protected under the ADA.

Recent ADA Legal Developments.

In what many believe provides the clearest indication of the future of severe food allergies under the ADA, the Department of Justice (DOJ) announced in January 2013 that it reached a settlement with Lesley University (Mustard, 2015, p. 14). The settlement with the private Massachusetts college provides guidance in how schools must respond to students with food allergies. The issue of the lawsuit was whether a food allergy qualified as a disability under the ADA. As part of the settlement, Lesley University agreed that severe food allergies can be considered a disability under the ADA. Schools that serve food are exposed to legal challenges if they fail honor requests to accommodate people with food allergies. This settlement is especially noteworthy to colleges and universities as well as K-12 public schools because they often require students to eat on campus. As part of the agreement, Lesley University agreed to serve gluten-free options, as well as train staff about food allergies and make accommodations to avoid cross contamination. According to Eve Hill, DOJ Civil Rights Division, "by preventing people from eating, they are really preventing them from accessing their educational program" (Jalonick, 2013, p. 1).

Further evidence of this trend is the finding in February of 2019 by the DOJ that Rider University's food policies violated the ADA. A complaint was filed by a student with celiac disease against the New Jersey University. The federal investigators found that Rider failed to provide reasonable modifications to food policies, practices, and procedures, and failed to properly train staff on how to manage the needs of students with food restrictions (Shea, 2019).

Although Section 504 is often the preferred means of accommodating students with food allergies in K – 12 schools, the movement towards further ensuring the protection of food allergic students using the ADA is likely to benefit all students with food allergies.

Individuals With Disabilities Education Act

School leaders must also be aware that a child with a food allergy could be eligible under IDEA if the food allergy adversely affects the child's educational performance and the child meets the requirements for special education and related services under IDEA. This is much rarer than a food allergic student being eligible under Section 504 or the ADA. Food allergic students will only qualify for IDEA if they have a qualifying disability separate from food allergies that makes them eligible and this disability is impacting their educational attainment. Determining that a student's food allergy adversely affects their educational performance is a higher barrier to meet than the requirements for Section 504, which has led to 504 Plans being the preferred means of requesting and documenting accommodations for food allergic children. The Office of Special Education and Rehabilitative Services (OSERS) administers IDEA, however, OCR enforces Section 504 and students' protections under the ADA's Title II (Lhamon, 2014). Under IDEA, a child with a disability is defined as a child with one or more of the following disabilities or impairments,

- (i) with intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (referred to in this chapter as "emotional disturbance"), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and

- (ii) (ii) who, by reason thereof, needs special education and related services. (IDEA, 2004)

Food allergies is not one of the disability categories listed above, and normally students with food allergies will not qualify for eligibility under IDEA. However, if they do qualify for IDEA under one of the categories listed above, their food allergy accommodations can be included in their Individualized Education Plan (IEP), and a separate 504 Plan will not be needed (34 C.F.R. § 104.33(b)(1)). Schools are required to develop an Individualized Education Program (IEP) for any student that qualifies under IDEA. An IEP documents the special education and related services that will be provided to the child by district, including the instruction, supports and services that will be provided to enable the child to make progress and to succeed in school. If a nutrition-related service is included in a student's IEP in order for the child to receive FAPE this must be provided at public expense and at no cost to the child's family (USDA, 2017).

Another important provision of IDEA that protects qualifying students is Least Restrictive Environment (LRE). IDEA (2004) defines LRE, "To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled" ((34 C.F.R. § 300.114). For students with food allergies who qualify for IDEA, the LRE requirement ensures that students are included in classrooms, and other locations in the buildings with other students to the maximum extent possible. This might apply to the cafeteria, where accommodations, such as allergen-free tables, are used so that food allergic students are able to eat in the cafeteria with their peers.

Relevant IDEA Court Cases.

The Third Circuit ruling *Ridley Sch. Dist. v. M.R.* (2012) involved a student with food allergies and her rights under both Section 504 and IDEA. The ruling rejected the plaintiff's argument that Section 504 had been violated when their daughter had to use substitute foods during class activities involving food and complete a different activity devised by the teacher during an activity touching sand. The ruling found that although these instances showed how the student's daily routine necessarily had to be different from her classmates, she was not excluded from participating, nor denied educational benefits, or otherwise discriminated; and, thus, the accommodations did not constitute as 504 violations. This case also involved IDEA as the parents eventually moved their child to the private school believing that the public school was unable to address her complex learning needs, as well as health issues, including food allergies. They sought compensation claiming the district was unable to provide her with FAPE, the parents were initially awarded private school tuition reimbursement at a due process hearing, but this was eventually overturned by a district court.

In *Fry v. Napoleon Comm. Sch. District* (2017) the U.S. Supreme Court ruled that families and students do not need to exhaust all procedural safeguards in IDEA before seeking relief or compensation under Section 504 or ADA unless the remedy sought is for denial of FAPE. From the court's ruling, "This case offers the Court a suitable vehicle in which to clarify the law and effectuate Congress's goal of preserving freestanding causes of action—apart from the IDEA—as viable mechanisms for protecting children with disabilities" (p. 29). This would only apply to students who are eligible under IDEA and Section 504, permitting them to sue for Section 504 and/or ADA violations without exhausting all procedural remedies available to them under IDEA. Section 504 allows for the awarding of monetary damages, preferable to many families, while IDEA only allows for compensatory education. Section 504 has become the

preferred method of seeking relief if a student is qualified. Plaintiffs who are able to show bad faith or gross misjudgment may be awarded monetary awards, including their attorneys' fees.

There are a number of reasons that it is likely that there will be increased 504 litigation for students with food allergies. This includes the growing number of students with food allergies, along with more parents and guardians seeking protection for their child (Branum & Lukacs, 2008; Zirkel, 2009). The DOJ settlement with Lesley University demonstrates parents are prepared to fight to ensure their child receives the necessary accommodations and that they are likely to win if the allergies are life-threatening. Although school nurses are vital in the management of student's food allergies, principals are ultimately responsible to ensure that all students' rights and protections are protected under law. My study will review what principals are doing to ensure that food allergic students are being screened for eligibility and evaluation under Section 504 and what accommodations are being made for students found to be eligible.

Other Relevant Federal Legislation

Although Section 504, the ADA, and IDEA are the primary federal laws relevant to students with food allergies there are four other federal statutes that are also related. These federal mandates include: Richard B. Russell National School Lunch Act (NSLA), the Child Nutrition Act (CNA), the FDA Food Safety Modernization Act, and the School Access to Emergency Epinephrine Act. As a result of these federal laws that have increased the attention on food allergies more states have enacted mandates to protect food allergic students.

Richard B. Russell National School Lunch Act.

Beginning with the NSLA, this federal law requires that schools offer special meals to children whose disability restricts their diet. The NSLA regulations created the National School Lunch Program, which requires that schools provide substitutions to the regular meal for children

who are unable to eat school meals due to their disabilities. Licensed physicians certify there is a need for meal substitution (USDA, 2001). The Child Nutrition Act (CNA), which also resulted in the School Breakfast Program, has the same regulations for schools providing breakfast.

Schools are required to offer special meals to children whose disability restricts their diet. This meal must be served at no additional cost (USDA, 2001). The school food service is not required to provide meal accommodations when the meal is not normally available to general student population, such as a school which does not provide breakfast to students (USDA, 2017). When preparing a meal for a student with a documented food allergy, the school has a responsibility to provide a safe, non-allergic meal and ensure that all food items offered to the child meet prescribed guidelines and are free of any of student's allergens (CDC, 2013).

FDA Food Safety Modernization Act.

Another related federal law is the FDA Food Safety Modernization Act which was passed by Congress in 2011. The intent was to improve food safety in the United States by shifting focus from response to prevention (CDC, 2013). Section 112 of the act called for the Secretary of the U.S. Department of Health and Human Services, in conjunction with the Secretary of the U.S. Department of Education, to develop Voluntary Guidelines for schools and early childhood programs that help them manage the potential of severe allergic reactions in schools. Districts can apply also for grants to support their food allergic students, including purchasing supplies or to pay for training for staff. Some legal and food allergy advocates argue that the guidelines should be mandatory for elementary schools with at least one anaphylactic student (Martone, 2010). Advocates argue that until the application of the ADA amendments to individuals with food allergies is settled law, the federal government or states should develop set of statutes

and/or regulations that sufficiently provide for the safety of food allergic students (Borella, 2010). At this time the guidelines are still voluntary.

The Food Safety Modernization Act also encourages schools to make sure epinephrine auto-injectors are available, which are used to treat students having severe allergic reactions (CDC, 2013). In 2013, the Center for Disease Control released the document, “Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs.” After this section on the legal protections for students with food allergies, these recommended Voluntary Guidelines will be explored in great detail.

School Access to Emergency Epinephrine Act.

Two years later, in 2013, the School Access to Emergency Epinephrine Act authorized the U.S. Department of Health and Human Services to provide funding preferences to schools that maintain an emergency supply of epinephrine and if they develop a plan that includes epinephrine being administered at the school (AAFA, 2016). Since the passing of this act, almost all states have authorized schools to keep medications in stock that treat severe allergic reactions. This includes 13 states that require schools to keep epinephrine auto-injectors on hand (FARE, 2016). Every state allows students the right to carry and use epinephrine auto-injectors while at school (FARE, 2016).

In addition to outlining and enforcing legal mandates, the federal government provides support and guidance to schools in a variety of ways, including through guidance issued by the OCR, which will be detailed in the next section.

Office of Civil Rights Dear Colleague Letters

The OCR provides policy guidance materials to inform schools and other recipients of federal funds about their legal obligations, as well as the way the office enforces federal civil

rights laws. The intent of these documents is to help schools and districts comply with federal law, but they are not legally-binding documents (Galanter, 2013). The OCR will often utilize “*Dear Colleague*” letters to clarify specific elements of the application of federal law, often after a precedent setting case. There are several recent “*Dear Colleague*” letters regarding the rights of students’ with disabilities, specifically students’ rights protected under Section 504, the ADA, and IDEA. This section will highlight three letters from 2013, 2014, and 2016 to share the federal government’s guidance highlighting the legal protections afforded to students with food allergies who qualify as having a disability.

In a “*Dear Colleague*” letter from January 25, 2013, the OCR details and clarifies the rights students with disabilities have under Section 504 while participating in extracurricular activities, including clubs, intramurals and interscholastic athletics (Galanter, 2013). This letter was in response to a report published by the United States Government Accountability Office (GAO) which highlighted the benefits of participating in extracurricular athletic opportunities, along with their discovery that students with disabilities are not being afforded equal opportunity to participate in public elementary and secondary schools (Galanter, 2013). Under Section 504 regulations, a qualified student with a disability must be afforded an opportunity to benefit from the school district’s program equal to that of students without disabilities (Galanter, 2013). A important note is that a district’s legal obligations under Section 504 supersede any rule of the association, organization, club, or league that would render a qualified student ineligible to participate, or limit the eligibility of a qualified student to participate on the basis of their disability (Galanter, 2013).

One example provided in this letter is an elementary student with diabetes who has qualified for a Section 504 Plan under the district’s procedures. As part of his 504 Plan, the

student is provided services that include assistance with glucose testing and insulin administration from trained school personnel. The student wishes to participate in the after school gymnastics club, the only requirement for the club is that a student attends the school. When the parents ask the school to provide the glucose testing and insulin administration during the club's activities, the school refuses based on it being an extracurricular activity. The OCR views this as a violation of Section 504, specially a violation of the student's right to FAPE. Since this student needs the assistance to participate in the club, and because this assistance is available under IDEA for extracurricular activities, providing assistance would not constitute a fundamental alteration of the district's education program (Galanter, 2013). This example is very similar to the needs a student with food allergies might have, such as the availability of employees trained in the use of epinephrine auto-injectors.

In a "*Dear Colleague*" letter from October 21, 2014, the OCR details concerns about the harassment and bullying of students with disabilities and the legal protections these students potentially have under Section 504, the ADA, and IDEA (Lhamon, 2014). The focus of this letter is to provide guidance that makes it clear that bullying of a student with a disability on any basis can result in a denial of FAPE under Section 504 that must be remedied by the district (Lhamon, 2014). The letter also affirms the schools' obligation to address behavior that may be considered a disability-based harassment violation and confirms that a school must remedy the denial of FAPE due to the disability-based harassment. The OCR letter also offers insight into what may be required of a school to remedy in instances of bullying of students with disabilities.

This OCR "*Dear Colleague*" letter contains an example of the bullying of a student due to the child's food allergies. In this example, a student with food allergies has her water bottle taken and then the student who took it drinks it, and then tells the student with food allergies that

she had peanuts today. There is also an incident of a student waving a candy bar with peanuts close to the student's face and chanting, "Time to eat peanuts." Although these were substantiated instances of bullying, the OCR would not have found a violation of FAPE under Section 504 or a disability-based harassment violation under Section 504. This is due to the school's prompt reaction to the bullying and their attempts to remediate the situation.

School personnel, however, did not tolerate the conduct and acted quickly to investigate the incidents, address the behavior of the classmates involved in the conduct, ensure that there were no residual effects on the student, and coordinate to promote greater awareness among students about the school's anti-bullying policy. By taking prompt and reasonable steps to address the hostile environment, eliminate its effects, and prevent it from recurring, the school met its obligations under Section 504. (Lhamon, 2014, p. 12)

The OCR also would not have found a FAPE violation under Section 504 because the school promptly held a Section 504 meeting to assess whether the school should make any changes to the student's accommodations and services due to the bullying.

In a December 28th, 2016 "*Dear Colleague*" letter, the OCR informs the public about the release of two documents that provide charter schools with information about the rights of charter school students with disabilities. A critical point of these documents is to indicate to charter school operators that charter school students with disabilities have the same Section 504 rights as other public school students with disabilities, including nondiscrimination in the application and admission process (Lhamon & Swenson, 2016). The letter also informs charter schools that IDEA emphasizes that children who attend charter schools, and their families, retain all rights and protections under Part B of IDEA.

Other Relevant Federal Action

U.S. Department of Agriculture Regulations.

Beginning in 2001, the U.S. Department of Agriculture (USDA) has demonstrated an interest in protecting students with food allergies. During this time the USDA Food and Nutrition Service released the document, “Accommodating Children with Special Dietary Needs in School Nutrition Programs.” The intent of this document was to provide guidance to school food service staff serving students with a variety of disabilities. Other USDA actions include their nondiscrimination regulation (7 CFR 15b), which precludes discrimination on the basis of handicap in programs or activities receiving federal financial assistance, protects students with certified food allergies.

A recent federal change for students with allergies included the USDA’s promulgation of the 2016 Food and Nutrition Service (FNS) regulations (SP 59-2016). These new regulations require school districts to make reasonable modifications to accommodate children with disabilities (CDC, 2013). Specifically, schools must provide meal substitutions or modifications for children with disabilities that restrict their diet. USDA released a new guidance manual in 2017 titled, “Accommodating Children with Disabilities in the School Meal Program”. This manual explains the role of school food service employees in providing meals to students with special dietary needs. The manual provides guidance on the requirement of school food employees to ensure equal access to the benefits of the program for all students. The guide includes nine major sections: Introduction, Statutory and Regulatory Requirements, Making a Meal Modification, Reimbursement for Modified Meals, Meal Modifications and Substitutions, Meal Service Accommodations, Procedural Safeguards and Training, Non-Disability Situations, and Appendices.

A medical statement for meal accommodations may be required when the information about a student's disability is not already in a child's IEP or Section 504 Plan (USDA, 2017). If a meal modification for a child's disability can be made with the current meal programming, a medical statement is not necessary (USDA, 2017). When a medical statement is necessary, it must include;

an explanation of how the disability restricts the child's diet, an explanation of what must be done to accommodate the child's disability, and the food or foods to be omitted from the child's diet, and the recommended alternatives for a modified meal. (USDA, 2017, p. 14)

The OCR has demonstrated an interest in ensuring the proper interpretation and implementation of Section 504, including a case from the Virginia public schools.

Office for Civil Rights Investigation.

There are also actions by the OCR which clarify how Section 504 is to be interpreted; specifically, parents can file complaints with OCR which can lead to OCR investigations (OCR, 2019). In 2006, the parents of a student with several peanut and tree nuts allergies requested the school develop a Section 504 to address their child's allergy related needs and ensure a safe education environment. At the conclusion of 504 conference the school, Gloucester County VA Public Schools, determined that the child did not have a disability and was not eligible for services and protections under Section 504. The parents filed a complaint with the OCR alleging discrimination against their child on the basis of her disabilities, including denial of FAPE, and a failure to ensure a safe environment.

Although OCR does not typically review individual education decisions, they decided to investigate given the extraordinary circumstance (OCR letter, 2007). The OCR determined that,

the Division's decision that the student is ineligible for Section 504 services could result in death or serious illness of the student (Solomon, 2007). As a result of the investigation, the Gloucester County Public Schools signed an agreement to reevaluate the student to determine if she is eligible for services under Section 504 and Title II of ADA, and to comply with 504 procedures this time. As part of the agreement, the district was required to provide OCR with documentation of its decision if it found the student ineligible for services under Section 504 and Title II. It was also required to provide OCR a draft of the 504 Plan if the district found the student eligible for Section 504 services (Solomon, 2007). With the legal protections afforded to students with disabilities detailed, it is important to review the Voluntary Guidelines issued by the government to help schools not only ensure compliance with these laws and regulations, but also how they can develop a fully inclusive and structured program to serve students with food allergies.

Voluntary Federal Guidelines for Managing Food Allergies

The federal government recognized a need to provide support to schools when Congress passed the FDA Food Safety Modernization Act (FSMA) in 2011 which prompted the release of Voluntary Guidelines in 2013 (CDC, 2013). These were the first national guidelines developed, although 18 states have guidelines or policies intended to improve the management of food allergies in schools (FARE, 2018). These guidelines are intended to help schools and early childhood education programs manage the risk and needs of students with food allergies and severe allergic reactions. These recommendations, "call for strong partnerships among families, medical providers, and staff in schools and early care and education programs" (CDC, 2013, p. 3). The guidelines also call for strong leadership by district and building leaders, comprehensive health plans for students with food allergies, and effective responses to allergic reactions.

The document provides specific guidance for district level positions, including school board members, superintendents, health service directors, student support services directors, and food service directors. The guidelines provide school level guidance to administrators, registered nurses, school doctors, health aides, classroom teachers, school food staff, school counselors, bus drivers, and maintenance staff. Due to their relevance to my study, this section will outline two areas of the guidance: (1) general district-level guidance and (2) guidance relevant to principals.

District Guidance in Federal Voluntary Guidelines

Included in the guidelines are the following three key elements of a district's food allergy management plan. The first is to use a coordinated approach that is based on effective partnerships. The second is to provide clear leadership to guide planning and ensure implementation of food allergy management plans and practices. The final guidance for district leadership is to develop and implement a comprehensive plan for managing food allergies (CDC, 2013). Each of these key elements will now be explored in more detail.

The first element of district leadership is to use a coordinated approach that is based on effective partnerships. This highlights the importance of coordination between the school, the student and their family, and the family's doctor. "Close working relationships can help ease anxiety among parents, build trust, and improve the knowledge and skill of school or ECE program staff members" (CDC, 2013, p. 22). All staff members are included in the team that contributes to managing the health and safety needs of students with food allergies, including: administrators, teachers, nurses and health aides, food service staff, coaches, counselors, bus drivers, custodians, paraeducators, special education aides, security staff, substitute teachers, and volunteers. Within the structure of a coordinated team, the use of coordinated planning and

communication provides a clear and consistent approach to the management of students with a variety of food allergy needs.

The second key element of a district's plan is the importance of providing clear leadership to guide planning and ensure implementation of food allergy management plans and practices. According to the Voluntary Guidelines, successful planning and coordination of the needs of students with food allergies requires strong leadership (CDC, 2013). The Voluntary Guidelines recommends that the school nurse take the leadership role in many tasks, including working with families and doctors to create an Emergency Care Plan, ensure compliance with federal and state laws and regulations, monitor the use of medication, obtain epinephrine auto-injectors and ensure it is available to designated and trained staff members, help schools develop comprehensive plans to managing food allergies, work with food service staff to support parts of the plan that deal with meal preparation, and make sure all staff receive training to recognize signs of allergic reactions as well as the proper use of epinephrine auto-injectors. This is an exhaustive list, especially considering that many school nurses are responsible for more than one school (Burks et al., 2010). Many of these leadership tasks might be better managed by the building principal, a topic that will be explored further in my study.

The third and final key element of a district's plan is to develop and implement a comprehensive plan for managing food allergies. Many people must come together to develop the comprehensive plan, which the guidelines call a Food Allergy Management and Prevention Plan (FAMPP). The intent of the FAMPP is to effectively manage all aspects of student life impacted by food allergies, as well as the risks associated with this condition. Included within the FAMPP, are five priorities, which are listed here:

- 1) ensure the daily management of food allergies for individual children,

- 2) prepare for food allergy emergencies,
- 3) provide professional development on food allergies for staff members,
- 4) educate children and family members about food allergies, and
- 5) create and maintain a healthy and safe educational environment. (p. 25)

Because my study focuses on principals, the principal's specific responsibilities to manage food allergies will be detailed in the next section, including all their tasks and obligations connected to the FAMPP.

Guidance for Principals in Voluntary Guidelines

Included within the guidelines are recommendations for putting these guidelines into practice, including actions for school administrators and staff. Because principals are the focus of my study, this section summarizes what was relevant to building-level leaders.

According to the Voluntary Guidelines, there are six areas where building principals must provide leadership. These are:

- 1) lead the school's coordinated approach to managing food allergies,
- 2) ensure the daily management of food allergies for individual students,
- 3) prepare for and respond to food allergy emergencies,
- 4) support professional development on food allergies for staff,
- 5) educate students and family members about food allergies, and
- 6) create and maintain a healthy and safe school environment. (pp. 56-59)

Some of these principal responsibilities duplicate actions required under applicable federal and state laws, including policies and regulations. However, many of the leadership actions are not required by state and federal laws, although they lead to better management of the

needs of students with food allergies. Each of these leadership areas will be covered in more detail.

According to the voluntary guides the principal should lead the school's coordinated approach to managing food allergies. This involves coordinating the planning and implementation of Food Allergy Management and Prevention Plan (FAMPP), in conjunction with the school and districts nursing staff (CDC, 2013, p. 57). The principal must designate a qualified person, such as the school's nurse, to plan and implement the development and usage of the FAMPP (CDC, 2013, p. 57). Building leaders must ensure compliance with federal and state laws and regulations, including Section 504 of the Rehabilitation Act, ADA, IDEA, and Richard B. Russell National Lunch Act. Principals must also ensure that student's privacy rights are protected under the Family Educational Rights and Privacy Act of 1974 (FERPA).

Principals must ensure that they understand students' rights and protections under these various laws, but also that all staff understand how these laws are applied to students. Principals are responsible for communicating school policies and practices to all adults involved with students including school faculty and staff, substitute teachers, classroom volunteers, families, and community members. Principals are tasked with ensuring proper implementation of policies by faculty and staff, including correcting inappropriate applications of the FAMPP (CDC, 2013, p. 58). Building leaders must evaluate and review FAMPP on a regular basis for effectiveness (CDC, 2013, p. 58).

According to the guidelines, the second major category of leadership is for the principal to ensure the daily management of food allergies for individual students. This include ensuring all proper mechanisms are in place for the identifying of students with food allergies through the use of health forms, registration forms, and parent interviews. Principals must ensure the

creation of the Emergency Care Plans (ECP) for each student with a food allergy, in conjunction with the nurse if there is health services staff onsite (CDC, 2013, p. 58). This plan manages and monitors the daily needs of food allergic students, including after school and off site school-sponsored events. Principals must ensure all students eligible for Section 504 Plans, or IDEA provisions have the appropriate accommodations and services. Administrators must share information about students' food allergies and their Emergency Care Plans with all relevant employees while also protecting the students' privacy in accordance with the Family Educational Rights and Privacy Act (FERPA).

The guidelines recommend that building leaders prepare for and respond to food allergy emergencies and make sure that responding to life-threatening allergic reactions is part of the school's emergency response team responsibilities. This includes that responding to life-threatening food allergy reactions as part of the school's emergency planning and practice routines (CDC, 2013, p. 58). Principals must make sure that parents of students with severe allergies provide epinephrine auto-injectors if included in student's ECP, and that communication systems are in place that are easy to use for staff to use to respond to emergency situations. Leaders must ensure that designated staff trained to administer epinephrine auto-injectors can get to the medication easily and quickly, and that the auto-injectors should be brought when responding to emergency situations involving food allergic students (CDC, 2013, p. 58).

Leaders must also prepare staff how to respond to food allergy reactions in students with no prior history of food allergies or anaphylaxis. They must ensure that staff plan for the needs of students with food allergies during field trips or extracurricular activities, and contact families immediately in the event of any possible ingestion or contact with an allergen, even without an

allergic reaction. Leaders must document all responses, and must review data and other available information to assess the effectiveness of the team's reactions to emergency allergy situations (CDC, 2013, p. 58). Building principals must work with their response team to make changes to emergency policies and practices based on this review.

Principals are tasked with supporting the professional development of staff members on all aspects of food allergy management. They should coordinate with health care professionals, including nurses and doctors, and include the district's food service director. Parents should be invited to help develop the content of the training. Leaders must educate all students and family members about food allergies to raise awareness among students and parents (CDC, 2013, p. 58). This includes communication of the school's responsibilities, expectations and practices for managing food allergies through the use of emails, newsletters, social media, and other methods (CDC, 2013, p. 58).

Principals must use this increased awareness to help create and maintain a healthy, safe and inclusive school environment (CDC, 2013, p. 58). In order to create a safe and healthy environment, leaders must emphasize practices that promote the health of food allergic students during all school activities, including before and after school activities, as well as during transportation of students. Leaders must ensure students with food allergies have an equal opportunity to participate in all school activities. Principals must make sure that the FAMPP addresses all sources of food, including vending machines, fund raisers, before and after school clubs, and class parties (CDC, 2013, p. 58). Finally, building leaders must reinforce policies that prohibit discrimination and bullying as they relate to students with food allergies. With a review of the guidelines completed, it is important to consider and explore whether the Voluntary

Guidelines have been effective at preparing schools to serve students with food allergies. This will be covered in the next section.

Lack of Compliance With Federal Guidelines

A comprehensive search for studies monitoring the implementation of the CDC's Voluntary Guidelines has not found any results directly studying the implementation of the guidance. A possible cause for this lack of research includes that the guidelines were released in 2013 and there has not been sufficient time for these guidelines to be implemented and studied. Another important aspect to consider is that the guidelines were voluntary, this has likely impacted how many districts and schools have implemented the guidance.

However, there is some evidence that important components of the guidelines are not being implemented, such as the use of emergency care plans. For example, in a study of the Chicago Public School district only half of students with a food allergy had a health management plan on record with their school (DeSantiago-Cardenas et al., 2014). A recent study of 242 school nurses found that thirty-two percent of nurses reported an allergic reaction in their school in the past year (Gupta et al., 2018). They also reported stock epinephrine availability at (81.7%), training of lunchroom staff about food allergies at (88.4%), designated lunch areas at (62.2%), and food guidelines for classrooms at (61.8%) (Gupta et al., 2018). One positive result from this study was that 96.7% of the schools had anaphylaxis training for staff (Gupta et al., 2018). This is a significant improvement over the last decade (Bloom, 2016). Some of the least implemented policies were labeling of school lunch items with allergen information (31.4%), specific food policies for after-school activities (29.6%) and having emergency epinephrine that travels with groups during activities outside of school (28.0%) (Gupta et al., 2018).

The nurses reported that limited financial resources, staff and time were barriers to implementing policies impacting students with food allergies (Gupta et al., 2018). Resistance to the implementation of policy among staff and parents was the most frequently cited barrier, this has been reported in previous studies as well (Gupta et al., 2010). This highlights the importance of principals and other school employees developing and implementing educational programs about food allergies for students, teachers, staff members, and parents. Differences in policy implementation were found due to the age of the school's student body, although this may be expected and appropriate due to the differences in the needs of elementary and secondary students, as well as the structure of their school days. These barriers to implementation of policy, and how effective principals work to overcome these impediments, will be an important part of this study.

Another lens to review the effectiveness of the Voluntary Guidelines is through the perspective of parents with children with food allergies. A recent electronic survey of 289 parents of K – 12 school age children indicated that they many felt their child was unsafe at school (18.7%), and additional 8.7% were unsure of their child's safety while at school (Houdek et al., 2018). Parents indicated that only 57.8% of their children were able to self-carry epinephrine, and 50.2% of their child's epinephrine was readily available in the classroom (Houdek et al., 2018). Snacks policies for the classroom were in place 61.6% of the time, and strict food guidelines for celebrations were reported at 53.3% of schools. However, only 64.3% of parents whose child did not have a snack policy in place felt that they were necessary. An area of great concern was education and training, with only 37.2% of parents reporting that an adult on their child's bus was trained to use epinephrine, and 10.7% reported that education and training was available for students, with only 5.6% of their child's classrooms having

educational materials available (Houdek et al., 2018). From these results, at least from a parent's perspective, it appears that guidelines in place are not sufficient to ensure that policies and training are adequately in place for food allergic students.

The next section of this literature review will focus on the leadership practices needed by building principals to support special population students, with the intention of connecting these leadership practices to those required to protect students with food allergies. My study will seek to discover what leadership practices and actions are used by principals effective at managing students with food allergies. The discovery of these practices may be beneficial in helping districts and schools better serve food allergic children, including more effective use of the Voluntary Guidelines.

Leadership Needed for Special Populations

My study's goal is to find the leadership actions used by principals to support students with food allergies. This includes a focus on the implementation of the recommendations in the Voluntary Guidelines. A search for research on these topics did not find any studies directly connecting the leadership practices of building principals with their support for students with food allergies. There does not appear to be studies reviewing the implementation of the Voluntary Guidelines. I will examine how the principal engages the school community in the process of serving food allergic students. This confirms that this study might find results that would benefit leaders in their efforts to support of students with food allergies, as well as researchers focused on the topic of food allergies and leadership practices. Yet, to prepare for my study I reviewed the literature about important attributes of leaders successful with other special population students since it may offer connections to the leadership actions of principals supporting food allergic students. These qualities may offer insight into what allows principals

to be successful at implementing actions that support food allergic students, including those in the Voluntary Guidelines.

There is reason to believe that there might be an overlap between the leadership qualities required of leaders effective at serving special population students and those required to protect food allergic students. For example, there are overlapping federal and state laws that protect both groups of students, including IDEA, the ADA, and Section 504 that must be understood by leaders to serve both groups. In addition, providing support to both groups of students requires additional knowledge, expertise, and training. Another reason to believe that there might be similarities in the leadership characteristics is that for both special education students, and food allergic students, there is a need to balance the needs of these students with the needs of the rest of the student population. A final reason is that collaboration between principals, teachers, and other adults is essential for both groups of students.

This section will now detail the results of the literature review of principal attributes required to support special education students including, ethical decision making, legal literacy, and committed to creating an inclusive school environment. This is not an exhaustive list of the qualities needed to support special education students, rather a focus on the elements most likely required to support students with food allergies. These leadership characteristics include the use of ethical reasoning in the decision making process, a knowledge base of special education often derived from graduate work in educational leadership, and finally the use of collaboration to support students. Each of these characteristics will be explored in further detail, and only after the data analysis portion of this study is complete will it be known if there is truly any overlap in the leadership characteristics required of principals.

Ethical Decision Making

Principals face ethical dilemmas and are influenced by ethical perspectives when making decisions that affect special population students (Bigbee & Bon, 2011). Researchers have studied how principals have interpreted their experience of leadership decision making as a moral activity in the context of an ethical decision making framework (Faircloth, Frick & Little, 2012). Principals must balance the needs of all the students in their building, and at times what is required to protect some students may conflict with the needs or desire of other students and their families. For example, the ban of a student's allergens from a classroom impacts all students, including the snacks and party food allowed, as well as the potential impact on materials used for science and art instruction. When a principal is confronted with a decision that benefits a few students, or potentially only one, at the perceived expense of others, ethical and moral reasoning comes into play, especially if laws and regulations don't provide clear guidance. It is worth considering if ethical decision making is a leadership attribute required of leaders invested in incorporating actions that serve food allergic students. Ethical reasoning will be explored in greater detail.

Bigbee and Bon (2011) studied how special education leaders in the field identify ethical dilemmas and explored the ethical perspectives that influence their decision making. Their findings suggest that leaders working in special education, "operate according to an ethical framework that integrates personal and professional codes of ethics and emphasizes the best interests of the child" (Bigbee & Bon, 2011, p. 324). However, they also found that resolving legal compliance pressures and district policy directives into their framework led to inner turmoil for many of the participants (Bigbee & Bon, 2011). Faircloth, Frick, and Little (2012) focused on this tension, especially when the focus is on, as they call it, "best interests of the student." They found that research participants, who were building principals, "were overwhelmingly

committed to working for ‘the best interests of students’ as a moral/ethical consideration in decision making” (Faircloth, Frick & Little, 2012, p. 221). They also found that although participants were concerned with balancing the needs of the student body as a whole, there was a distinct focus on meeting the needs of the individual students with special education needs (Faircloth, Frick & Little, 2012).

This research confirms the importance of ethics and morality as a leadership quality of principals while supporting special population students. However, unless principals have adequate understanding of the complexity of the legal protections afforded to students with disabilities, they are unlikely to take leadership actions that support these students. This topic will be covered next.

Legal Literacy of Principals

Petzko (2008) found that although principals ranked the administration of special education and serving students with exceptionalities among their most important tasks, they ranked their preparation to lead to be among the areas where they were least prepared. This includes legal issues impacting students with disabilities as studies have shown that principals lack legal literacy (Eberwein, Militello, & Schimmel, 2009). Legal literacy can be defined, “as the legal knowledge, understanding, and skills that enable educators to apply relevant legal rules to their everyday practice” (Brady & Decker, 2016, p. 233).

A study of 174 Ohio administrators found that less than one in ten had adequate preparation in special education during their pre-service training, including on the legal aspects of special education (Novak, Schaaf, & Williamson, 2015). Only 31.6% of surveyed principals felt adequately prepared to address ADA issues, and only 32.8% felt adequately familiar with Section 504 (Novak, Schaaf, & Williamson, 2015). A mixed methods study involving 84

principals working in Texas found similar results, with 41% of participants indicating that leadership preparation programs need more content in special education laws, including provisions of IDEA and Section 504 (Guerra & Roberts, 2017).

A survey of 408 elementary principals in Pennsylvania found that 83.6% had training on special education law, 77.7% had training on the characteristics of students with disabilities and 16.2% had training on eliciting parent and community support for inclusion (Praisner, 2003). A survey of 362 high school principals found the following in regards to the number of trainings or workshops focused on special education they had attended in the last two years; 23.5% attended two sessions, 19.7% zero sessions, and 16.2% one training on special education (Ahlgrim-Dezell, Browder, Flowers, & Wakeman, 2006). These studies indicate a lack of adequate training of principals in regards to serving special population students, which is likely to impact the actions that they take to support students with food allergies. When principals receive valuable training and professional development, special education students excel (Huberman, Navo, & Parrish, 2012).

A national survey of 493 secondary principals was designed to discover secondary school principals' knowledge of the rights of students and teachers, as well as how often principals were legally threatened (Eberwein, Militello, & Schimmel, 2009, p. 27). The study explored how principals adjusted their behaviors in response to having greater knowledge about the rights of students and teachers. The study examined the amount of time principals dedicated each week to potential legal challenges. The researchers reviewed how principals obtain and disseminate legal knowledge. The survey results revealed that the majority of principals are uninformed or misinformed about school law issues (Eberwein, Militello, & Schimmel, 2009, p. 27). They also

found that 85% of the principals said they would change their behavior if they knew the answers to the surveys' law questions.

This same survey results also reveal how the threat of a lawsuit, including a special education related lawsuit, impacts principals. According to the survey of the secondary principals, 7% were threatened weekly with a special education lawsuit, 19% monthly, and 41% annually (Eberwein, Militello, & Schimmel, 2009). Only 33% of the principals were not threatened with a special education lawsuit annually. It is important to note that although the majority of the principals reported being threatened with lawsuits, very few resulted in litigation, with 90% reporting that no lawsuits had filed against them in the last 5 years.

The results of this study are more striking considering that 87% of them had completed a law course in their principal preparation program. An additional 58% reported attending a comprehensive school law workshop or in-service within 10 years. The authors of this study argue that their results indicate that principals want and need more legal information, and that the teachers and schools would benefit from principals becoming more legally literate. Principals could then be more active in educating staff about legal issues.

Comparatively, at least one study has shown that the completion of a school law course helps administrators feel more confident about their legal knowledge, "which allowed them to feel empowered to solve legal dilemmas and confidently comply with the law" (Decker, Ober, & Schimmel, 2017, p. 18). This study of 107 graduate students who took an introductory law course at Indiana University found that 81% of the respondent's general attitude about school law had changed as a result of taking this course. The respondents included 43% (n = 46) who were current administrators, such as principals or instructional coaches. The goal of this study was to discover whether the legal training of the course influenced the teacher and administrators

in the years after completing the course. The attitudinal changes of these teachers and administrators include increased empowerment and decreased fear, increased awareness of and interest in legal issues, and increased critical analysis and cautiousness (Decker, Ober, & Schimmel, 2017, p. 9-10). The study also found that 85% demonstrated behavioral changes as a result of taking the legal course, including changed daily practice to ensure legal compliance, conducted more legal research and sought more legal advice, and taught colleagues about the law (Decker, Ober, & Schimmel, 2017, p. 11).

Other findings of this study include that 79% of the respondents faced legal issues involving students with special education or Section 504 plans during their time as a teacher. The educators in the survey were asked to provide examples of the types of legal issues they discussed with administrators or colleagues, the most common topic involved the rights of students with disabilities. The results of this survey offer guidance to what might prepare a principal to work successfully with students with food allergies. According to Decker, Ober, and Schimmel when principals are both legally literate and have the requisite attitude, they are prepared take appropriate action when encountering unfairness, injustice, and inequities (p. 2). This might include protecting the rights and well-being of food allergic students.

Principals must not only understand the complexity of special education law but they must employ leadership actions, including collaboration and a common vision, to help create an inclusive environment for all students. The Voluntary Guidelines emphasize the importance of creating a safe and inclusive environment. The principal's role in creating an inclusive school environment will be detailed in the next section.

Principal Role in Creating Inclusive School Environment

Riehl (2000) reviewed literature on the principal's role in creating inclusive schools for diverse students. She found that, "inclusive administrative practice is rooted in values of equity and social justice; it requires administrators to bring their full subjectivities to bear on their practice, and it implicates language as key mechanism for both oppression and transformation" (p. 55). Principals must promote democratic discourse within the school community to effectively ensure that the creation of new practices and perspectives that support diverse students (Riehl, 2000). In summary, Riehl review found that principals who aim to respond to diversity in their schools consider issues of constructing new practices and understandings, promote inclusive school cultures and instructional practices, and work to orient schools within community, organizational, and service related networks.

McGregor and Salisbury (2002) closely studied the administrative climate and context of five elementary schools considered to be inclusive; two in Missouri, two in Pennsylvania and one in Maine. The schools were diverse in their geographies, including rural and suburban settings, as well as varied in their socioeconomic diversity. The common leadership themes they found included that the, "administrative style of these principals contributed to a climate in which change was expected, supported and encouraged" (McGregor & Salisbury, 2002, p. 266). Other common elements of leadership practices included evidence of concerted efforts to create a sense of direction, shared leadership, reflective practice, and time for staff teaming and collaboration (McGregor & Salisbury, 2002). Other common leadership trends in principals' leadership practices included that they were self-directed, invested in relationships, accessible, reflective, collaborative, and intentional.

A case study of the principal leadership of an effective inclusive rural Florida elementary school by Hoppey and McLeskey (2010) found three characteristics of the principal's leadership

style that describe how he facilitated the development of a supportive and caring school community. These characteristics included, “(a) caring for and personally investing in teachers, (b) buffering teachers and staff from external pressure, and (c) promoting teacher growth” (Hoppey & McLeskey, 2010, p.4). The principal’s efforts to care for and invest in his staff occurred in three primary ways, including; displaying trust in teachers, listening to their ideas, concerns and problems, and treating staff fairly. Efforts to promote teacher growth included providing multiple opportunities for high-quality professional development and providing opportunities for teacher leadership (Hoppey & McLeskey, 2010).

McLeskey, Redd, and Waldron (2011) conducted a study to determine the role of the principal in developing a school that is effective at supporting special education students while simultaneously creating an inclusive environment. They found that in their study that the principal was, “substantially engaged with teachers and provided leadership in 1) setting the direction; 2) redesigning the school organization; 3) improving working conditions for school staff; 4) providing high-quality instruction in all settings; and 5) ensuring that data were used to drive decision making” (McLeskey, Redd, & Waldron, 2011, p. 54). In order to enact her ideas, the principal worked collaboratively with faculty to determine how they would enact her vision, including using shared decision making power, while maintaining a flexible, open-minded structure where everyone is prepared to learn from others (McLeskey, Redd, & Waldron, 2011). While studying the principal in this study, it was important to review and compare the actions she used to create a safe and inclusive environment.

Summary and Value of Study

This literature review has detailed the impact that food allergies has on these students, including allergic reactions while at school, bullying by classmates, and elevated rates of anxiety

and stress. The legal protections that the students with life-threatening allergies have including the ADA, Section 504, and potentially IDEA were outlined. Court cases involving students with food allergies have been reviewed to see how schools have reacted to the needs of students with food allergies, as well as the courts view on how these students' needs were handled by the schools. The Voluntary Guidelines were discussed in detail to describe the actions schools should take in order to address the management of students with food allergies. The chapter concluded with a discussion of the leadership attributes of principals who are effective and inclusive in their actions that support special education students. The data collection and analysis chapter of my study will ultimately reveal whether these attributes are similar to the leadership actions of principals effective at supporting students with food allergies.

Research indicates a need for better management of food allergies in schools, and as building leaders, principals are the most likely to be able lead this improvement. This review has revealed that there is a gap in the literature in regards to the leadership actions and practices of building leaders in their support of student with food allergies. Previous research has focused on parents' perspective of the policies in place at their child's school. If there has been a study from a school's perspective, it is usually from the school nurse's viewpoint with a focus on rate of allergic reactions and policies in place to support food allergic students. My study may be the first to review the needs of food allergic students from an educational leadership perspective. A close examination of principals active in their efforts to serve food allergic students will offer insights into what leadership actions and practices are necessary and effective at supporting these students. My study of the leadership actions, policies, and practices of principals that are successfully protecting and serving food allergic students, and their families, will offer guidance to other practicing principals and researchers.

Chapter 3: Research Methods

Introduction

This chapter outlines the methods related to my study. It begins with the research questions that guided my study, followed by a description of my research design of a case study approach. Then, I describe my study's setting and participants, along with the rationale for my choices and a description of the setting and participants. A detailed description of the data collection types, procedures, and instruments are shared next. This section also includes information about the trustworthiness and credibility of the data. A detailed description of the data analysis procedures is the focus of the next section. The chapter closes with a discussion of the limitations of the study.

Research Questions

To summarize, the goal of my research is to analyze the leadership actions that principals take to support students with food allergies. To accomplish this, my study asks these research questions.

1. What are the leadership actions principals should consider when serving students with food allergies?
2. How do principals' leadership actions align with CDC Voluntary Guidelines?

Research Design

As I considered the possible research methods I could use to answer my research questions, I first considered a quantitative study to review the rates of implementation of leadership practices that support food allergic students. A survey of parents or questionnaire of principals would provide me data on the implementation of certain practices, such as how many principals have used Section 504 plans for highly allergic students, or how many provided

professional development on allergies to teachers, students and community members. However, I realized that my research questions required a more thorough and complex understanding of the actions of principals, including the context in which they undertook these leadership practices. Also, I needed to understand the principal's experience of working through these decisions and actions, which would be better understood through a research design such as a case study. Corbin and Strauss (2015) explain the draw of qualitative research, "qualitative researchers are drawn to the fluid, evolving, and dynamic nature of this approach" (p. 5). For these reasons, I chose to conduct a qualitative case study of the leadership actions of a principal.

A case study was the preferred qualitative approach for my study as it allowed me to conduct an in-depth exploration of the leadership of the principal being studied. My research questions required me to study the principal so I could develop a deep and nuanced understanding of her leadership practices in support of food allergic students. The needs of food allergic students are complex, starting with ensuring their physical well-being, but also addressing the psychological implications of allergies (Bonaguro et al., 2014; Hourihane, King, & Knibb, 2009). A case study approach provided a research method capable of determining how these complicated requirements are met. This method provided me an opportunity to better understand the principal's perspectives and viewpoints on how to manage food allergies. It allowed me to understand teachers, nurses, and parents' perspective of the principal's actions as well.

Merriam and Tisdell (2016) define a case study as, "an in-depth description and analysis of a bounded system" (p. 37). The bounded system for this case study was the principal's leadership actions in the school building as they relate to students with food allergies. Yin (2018) has a more expansive definition of a case study, with the first part of his definition

including, “A case study is an empirical method that investigates a contemporary phenomenon (the ‘case’) in depth and within its real-world context, especially when the boundaries between phenomenon and context may not be clearly evident” (p. 15). A case study is a detailed and nuanced exploration of the studied phenomena at a location or setting. For my case study, the phenomenon being studied is the leadership of a principal in the service of students with food allergies.

Yin (2018) believes that a case study is the preferred approach when, “a ‘how’ or ‘why’ question is being asked about a, contemporary set of events, over which a researcher has little or no control” (p. 13). My study focused on the leadership actions of a principal happening in a school at the present time is a match for these criteria. This narrow focus required a very in-depth study in order to discover the intricacies of the principal’s leadership practices. This included how the principal’s leadership impacted and influenced the teachers and staff members in the building. To gain information about this focus, I analyzed data from interviews of the principal, assistant principal, nurse, two teachers, and a parent, along with other supporting evidence drawn from document reviews and a teacher survey. The review of this data provided a research approach that allowed me to develop a deep understanding of the principal’s leadership actions.

A second part of Yin’s (2018) definition of a case study is that it, “copes with the technically distinctive situation in which there will be many more variables of interest than data points” (p. 15). The search to understand the complex leadership actions of a principal working to support food allergic students and how these actions work in the complex dynamic of a school environment involved many variables to consider and study. Another aspect of a case study according to Yin (2018) is that it, “relies on multiple sources of evidence, with data needing to

converge in a triangulating fashion.” (p. 15) This study included a number of data sources, including interviews, document reviews, fields notes and a survey. Using the multiple sources data allowed for the triangulation of data, what Yin (2018) calls “converging lines of inquiry” (p. 127). The use of data triangulation helps to strengthen the construct validity of a case study (Yin, 2018, p. 128). These considerations supported the use of a case study approach for this study.

I compared what the principal in this study is doing with the recommendations included in the Voluntary Guidelines released by the Center of Disease Control. The comparison to the guidelines focused on the suggested practices of principals. Specifically, I analyzed what the principal was doing to coordinate the school’s approach to managing the needs of food allergies, including actions to support the individualized needs of food allergic students. I reviewed how the principal prepared for food allergy emergencies and provided professional development to teachers and staff as well as educate students and family members about food allergies. Finally, I reviewed how the principal worked to create and maintain a healthy, safe, and inclusive school environment for food allergic students.

Before moving to the specifics of the setting and participants of this study, an examination of how Covid-19 impacted this study must be detailed. There were elements of this study that were directly impacted by Covid-19, including switching to a single case study from the original design of a multiple case study. I detail the difficulty in recruiting principals for this study in the recruitment section. My search for principals who were regarded as active in their leadership of students with food allergies yielded very few candidates to choose from. In the end, I only had one candidate who was able to move ahead with participation in the study. This

supports the importance of this study. However, it also made it difficult to find a second candidate to study.

Covid-19 made it more difficult more me to find a second principal for my study. During this time period there was a state-wide shutdown of schools, forcing schools to switch to online learning. Principals and their staff were overwhelmed with this change, and candidates who may have been good selections for my study, stopped corresponding with me about participating in the study. Since the one candidate I did have was such a strong candidate, I moved ahead with the study of this principal and increased the depth of my study of this principal.

Covid-19 impacted the study in other ways. I planned on completing observations of the cafeteria, classrooms, and common areas of the school in my original study design. Getting in to the building would have likely helped me get greater context to the information I gathered in interviews, including getting to see things mentioned in the interviews for myself. However, Covid-19 shutdown schools in the spring of 2020, making it impossible to visit the school for observations. I attempted to compensate for the loss of the observations by having more in-depth interviews, as well as additional interviews, such as adding the assistant principal. The addition of the teacher survey from my original proposal also added depth to my data and added in my efforts to use data triangulation.

Research Setting

This single case study was at a large public elementary school building in the mid-west. Although I am located in the mid-west, my primary reason for selecting this research setting was the principal's recognition as a leader active in her support of students with food allergies.

Rationale

Smith Elementary [pseudonym] was chosen as the site for my study because the principal, who has been assigned the pseudonym Heather, was recommended by her superintendent as a principal active in the support of students with food allergies. Her recommendation was supported by her recent selection as principal of the year of her area district by her state association of school principals. Heather also fit the requirement of the study that the principal had been the head principal for at least two years at the setting. In addition to Heather fitting the requirements of the study, her school also had to match the needs of the study.

Smith Elementary fit a requirement of the study which was that the school must be a public school. I excluded private schools because my study focused on a comparison to the Voluntary Guidelines as well as the legal protections afforded to students with food allergies in public, which are mandated in public schools. Although private schools must follow certain aspects of the law there are variations in how state and federal laws and regulations apply in a private setting. Further studies of principals' actions supporting food allergic students in private schools would potentially add confounding issues to this study.

As an elementary school, Smith Elementary fit the study's requirement of being an elementary setting. My study focused on an elementary building as there is greater inclusion of food in elementary classrooms, including snacks and treats, such as birthday celebrations. Elementary schools are also often the starting point of a child's education, when routines and procedures are first implemented, such as Section 504 Plans. In elementary schools, parents must work closely with school staff for the first time to develop a plan on how to protect their child. Students are also younger at this point of their education, they are more dependent on their parents and teachers to guide them through the process of navigating food allergies. Once students reach secondary education, routines and practices are likely to have been established,

and the student is more involved in the process of managing their food allergies. Although, additional studies of secondary schools might provide insight into how food allergies are managed once students are older and more independent, more legal and other issues may arise in the elementary school setting.

Setting Characteristics

However, before further examining the study's data characteristics, the features of the school's setting must be considered. This is the bounded case of the study. Smith Elementary is a public school with over 700 students and approximately 45 full time teachers. It has over 30 classrooms for kindergarten through fifth grade students. The school is located in a suburban community in close proximity to a large mid-western city. The school is over 80% white, over 5% Asian, around 3% Hispanic and Multiracial and less than 2% Black. In terms of student groups, Smith Elementary has less than 15% of its students considered economically disadvantaged by its state data base. Again, according to its states data base, approximately 11% of its students were considered students with disabilities and less than 2% of its students were English learners.

Participants

In my qualitative case study, I used the qualitative research technique of purposive sampling, this allowed me to find a candidate that fit the characteristics of my study. This technique lets researchers find participants with the characteristics that they are looking for (Merriam & Tisdell, 2016; Yin, 2018). This is how I selected the principal for my study. I then used the qualitative research technique of snowball sampling, or referral sampling to identify the other candidates for my study (Merriam & Tisdell, 2016). Given my pre-selected criteria for

participants, Heather referred names for the other candidates, including two teachers and one parent.

Recruitment and Selection Process for Participants

Because the goal of my study was to find leadership practices that support students with food allergies, I needed to locate a principal that was perceived to be effectively supporting students with food allergies. After the principal was identified, then the exact setting and additional participants would follow. Therefore, to initiate this process, I first solicited potential principals and sites for the study from support groups for families with food allergies in the Indiana area. Although the groups I contacted were responsive, I did not receive any names to consider for my study. I then emailed thirty superintendents in the Indiana area within a drivable distance of my location for recommendations of names of principals that they would recommend for my study. I received four names from this list for consideration, from three different school corporations. I contacted all four, two informed me that after reviewing my study information sheet that they did not have time to participate in the study. I then emailed an additional twenty superintendents and received one name in response. I then corresponded with all three remaining potential candidates, with two failing to consistently correspond after initially showing interest in participating in the study.

Yin (2018) suggests a one-phased screening approach when selecting candidates for case studies, the goal of this screening process is to, “identify final cases properly, prior to formal data collection” (p. 105). According to Yin (2018) the screening may consist of questioning people knowledgeable about each candidate, and even collecting a limited amount of documentation about each candidate. However, it is critical to avoid a, “extensive screening procedure that effectively leads to a ‘mini’ case study of every candidate case” (Yin, 2018, p. 105).

Fortunately, the remaining candidate Heather met the criteria for the study because she was highly recommended by her superintendent as active in her support of students with food allergies, and worked at a public elementary school where she has been head principal for over two years.

Once I selected Heather and her school for my study, I contacted the superintendent of her district for official permission to conduct my study in their district. He had me contact the assistant superintendent, who informed me that I do not need official approval, but she did forward me a letter indicating permission in case I needed it. I then moved forward with Heather as the principal in my study, including setting up our first interview, however I left open the option of restarting the recruitment process if Heather's first interview revealed that she was not active in her support of students with food allergies and therefore not a good principal to study. Fortunately, Heather's first interview revealed that she was very active at Smith Elementary in supporting food allergic students.

At the end of the first interview with the Heather, it was clear that she fit the criteria for the study so I proceeded with asking her to help me to recruit the other participants for the study, including potentially two teachers, two parents, the school nurse and the cafeteria supervisor. A few days after the interview, she sent me the name of two teachers, the nurse, and the cafeteria supervisor, as well as their contact information. I contacted these employees and was able to set up interviews with the two teachers and the nurse. After a few attempts to contact the cafeteria supervisor, she contacted me let me know that she would not be able to participate in the study due to a death in her family and other things that she was dealing with. I contacted her two months later to ask her to consider participating in the survey, but did not receive a response.

I emailed Heather about two weeks after my interview with her to see if she had any names of parents who might be good candidates for the study. She responded a few days later with the name of a parent at the school, who I was able to set up an interview with. After additional requests to the principal for an additional parent to interview, the principal and I worked together to recruit another parent for the study. Unfortunately, after some initial correspondence with the parent I was not able to set up an interview. After several emails without a response, I concluded that the parent did not want to, or was unable participate in the study. I added the assistant principal of the school to my list of interviews since I was not able to interview the cafeteria supervisor. I thought this would help get additional information on how the school supported students with food allergies in the cafeteria. The assistant principal agreed to an interview and provided valuable insight.

When I contacted each potential participant by email after receiving their name from the principal I included a study information specific to their position at the school requesting their participation in the study. In my study information sheet, as well as opening dialogue of each interview, I explained that I would be using pseudonyms for participant names, as well as for the school, in an effort to maintain confidentiality.

Heather sent the teacher survey out on three separate occasions to the faculty and encouraged their participation. The first time she sent out the teacher survey she first discussed it during a virtual faculty meeting. Her second request was sent about three weeks after this meeting, and the final request was three weeks later.

Participant Characteristics

To begin with a description of the Heather, she was an award winning principal, with experience working as a teacher and principal at a number of elementary schools. Before

becoming a principal, she taught for over five years at the elementary level. Heather has been in elementary education for over fifteen years. She has been a head principal at two elementary schools and assistant principal at one. Heather told me that she was interested in participating in the study to so that I could learn about how about their school supported students with food allergies.

Ruth [pseudonym] was in her third year as the assistant principal at Smith Elementary, after having worked previously as a middle school teacher. Vanessa [pseudonym] was an experienced school nurse, having worked at all three levels of K – 12 education. Megan [pseudonym] was a fifth grade teacher in her fourth year at the school, with three years' experience at a previous school. Lydia [pseudonym] was a kindergarten teacher with over ten years of experience, all in kindergarten. Finally, Jan [pseudonym] was a parent of two children with food allergies, although only one had been at the school while Heather was the principal. See summary of participants in Table 1 below.

Table 1

Study Participant Information

Participant [pseudonym]	Position at School
Heather	Principal
Ruth	Assistant Principal
Vanessa	Nurse
Megan	Fifth grade teacher
Lydia	Kindergarten teacher
Jan	Parent of food allergic student

Twenty-one teachers participated in the teacher survey. The two teachers interviewed may have also participated in the survey and could be included in the twenty-one participants. A summary of the characteristics of the teachers participating in the survey is included in Chapter 4. The participants for the study provided a balance of perspectives and allowed for comparisons between teachers, staff members, administrators and a parent.

Consent and Confidentiality

This study followed ethical research practices, including ensuring the acquisition of consent from all participants. All participants were provided a study information sheet specific to their role at the school that was approved by IRB. This sheet detailed information relevant to their participation in the study, including information about the study's purpose, interview procedures, and the potential risks of participating in the study. The sheet also detailed how I would ensure their confidentiality. See Appendix A – F for copies of these study information sheets. Participation in the study was voluntary. All of the participants interviewed in the study were asked if they had a chance to review their study sheet, and provided an opportunity to ask any questions or voice any concerns. Once verbal approval was given, I began their interview. A copy of the study information sheet for teachers only participating in the teacher survey was provided by Heather the first time she presented the survey to teachers.

The participants identities were only known to me and Heather. She was aware of the other interview participants since she helped recruit them. I never shared any of the information shared by the other participants with Heather, and never sent any group emails. I conducted all the interviews via Zoom in a private room at my house. Throughout the study all study data was kept in a secure location. To accomplish this, all study data was kept in a password protected storage location. All names were replaced by pseudonym's in every study document, except one

file that contained the names and pseudonyms for each interview participant. I used the pseudonyms when communicating the study's findings. All data will continue to be only assessable by me until is destroyed one year after the completion of this study.

Data Collection

The use of multiple data sources and the researcher as the primary data collection instrument are integral components of a qualitative case study (Corbin & Strauss, 2015; Yin, 2018). My study was designed to follow these qualitative case study characteristics, including that the data from my study included interviews, field notes, document reviews, and survey responses. However, before discussing the types of data I collected, I outline the timeline of data collection.

To begin, I interviewed the principal on April 6th. After completing my first interview with the principal, I interviewed one teacher on April 14th and the other on April 16th. I sent a document request form to Heather on April 24th (Appendix G). Heather shared the teacher survey on April 27th for the first time with her teachers during a virtual faculty meeting. A copy of the survey questions can be found in Appendix M. I also interviewed the parent on April 27th, and followed that up with an interview with nurse on April 29th, and finally the assistant principal on May 2nd. I specifically chose to interview the principal first, the others interviews occurred based on when Heather provided me names to contact, as well as when participants responded to my emails and when they were available for an interview.

After each interview I completed field notes, which included questions about what was discussed that I would need to follow up with the principal about, as well as early impressions about what was shared by the interviewees. In between these interviews I conducted document reviews. Specifically, I searched the district's website's section on school board policies for

policies related to food allergies, including the serving of food in schools as well as health and wellness guidance. After all the other interviews were completed, I once again interviewed the principal on May 20th. I asked the principal to send the survey to teachers a second time, which she did around May 13th. Finally, I asked her to send the survey a third time, which she did around June 1st. On June 8th I asked Heather for a final time about documents related to food allergies, including specific ones that I had requested before and had not received. The following sections detail the specifics about each type of data collected for the study, as well as how I worked to ensure the credibility of the data.

Interviews

For my interviews I conducted what Yin (2018) calls “Shorter case study interviews,” where I worked to keep the interviews, “open-ended and assume a conversational manner, but you are likely to be following your case study protocol (or a portion of it) more closely” (p. 119). I chose this format because it allowed me flexibility in the questions I asked as I sought to discover the leadership practices and policies in place, while simultaneously ensuring that I asked a list of prescribed questions that was common in the principal interview and the interviews with school staff and parents.

I conducted seven interviews. I focused a lot of questions on the recommendations for principals in the Voluntary Guidelines. I have included my interview protocols in the appendix, see Appendix H for the questions for the first interview with the principal, Appendix I for the questions for the interviews with the teachers and assistant principal, Appendix J for the questions for the interviews of parents, Appendix K for the interview with the school nurse, and Appendix L for the second interview with the principal. Having some flexibility in my interview questions was important as it allowed me to ask questions that sought additional details from the

principals and other interview participants as well as allowed me to probe deeper about the leadership practices and policies in place.

All the interviews were conducted via Zoom due to Covid-19. I obtained permission to record interviews before starting any recording. I recorded using the record function on Zoom, I also made a back-up recording on my phone using Voice Memo. The interviews varied in their length, see Table 2.

Table 2

Length of Study Interviews

Principal first interview (Heather)	50 minutes
Teacher interview (Megan)	25 minutes
Teacher interview (Lydia)	47 minutes
Parent Interview (Jan)	39 minutes
Nurse Interview (Vanessa)	50 minutes
Assistant Principal Interview (Ruth)	22 minutes
Second Principal Interview (Heather)	38 minutes

Immediately after completing each interview, I began the process of transcribing the interviews. I used the application Otter to initially transcribe the interviews. This application provides a very rough transcription of the interview. I then listened to the recordings, usually the next day, and made substantial corrections to the transcript. The process of me correcting each transcript took between 3 and 6 hours, depending on the length of the interview. In total I accumulated 83 pages of interview transcripts.

I conducted member checking of the transcripts with each participant. Participants would generally receive a copy of the transcript a few days after the interview. Vanessa asked me correct the number of schools she had worked at from ten to three. There was also sentence where the word “I” had to be replaced by the word “they” in two locations. Other than that she confirmed the accuracy of the transcript. All other participants confirmed to me that the transcript looked accurate.

I took notes during and after the interviews. These notes captured my early impressions and observations, as well as questions to ask Heather during her second interview. The notes ranged from one half page to a full page per interview. These notes became part of my data as field notes.

Document Reviews

The second source of data was document reviews. Yin (2018) urges caution, “documents must be carefully used and should not be accepted as literal recordings of events that have taken place” (p. 115). Yin (2018) also cautions to view documentation with a critical eye at all times to ensure that are researchers are less likely to be misled by the documents. However, a review of documents can be very useful in case study research as it provides a means of collaborating and augmenting evidence from other sources (Yin, 2018, p. 115). My document review started with district policies in regards students with food allergies, as well as health and wellness policies. I searched for the inclusion of food in any district policy, and reviewed any policy that included any regulation of food for how it might impact students with food allergies.

After interviews, I specifically sought out a district policy if it was mentioned in interviews, such as when an interviewee mentioned that their Smart Snack program was part of a district policy. This occurred several times, another instance was when it was mentioned that a

district policy was put in place that prohibits parents from bringing in fast food when they eat lunch with their child in cafeteria.

During the course of interviews, other documents were frequently mentioned, including letters sent home at the beginning of the year to all parents with children in classrooms with students with food allergies. Slide-show presentations and a video created by the principal and nurse were mentioned in several of the interviews. I asked for a copy of these materials and reviewed them. The materials I received included a copy of the one-page 2019 letter sent to parents of children in classrooms with students with food allergies. The letters are created for all the parents at the school to see so did not contain any identifiable information about a student. I also received a copy of a food allergy treatment virtual staff meeting video, which was about eight minutes long. I also received two slideshows used for professional development with teachers, titled, “Food Allergy Treatment Virtual Staff Meeting Slideshow” and “Food Allergy Treatment Virtual Staff Meeting Slideshow #2.” Each of these slideshows contained twelve slides. I asked for a copy of the signs posted outside the classroom doors but did not receive a copy. For privacy protection I did not review Section 504, or Individual Health plans for individual students. I reviewed the school’s demographic data, provided by the state department of education, to gain impressions about the school’s enrollment trends and demographics.

The review of these documents provided support and collaboration to data collected during interviews. This document review also simultaneously searched for contradictions to other previously collected data. According to Yin (2018), “if the documentary evidence is contradictory rather than corroboratory, you need to pursue the problem by inquiring further into the topic” (p. 115).

Field Notes

According to Yin (2018) for case studies your own notes are likely to be the most common component of a database (p. 132). Had I been able to complete observations field notes would have had a more prominent role in my data collection. However, they were still vital in recording my thoughts and questions. Field notes should be extremely descriptive (Merriam & Tisdell, 2016). I always reserved time after interviews to write my field notes while the interview was fresh in my mind. An important aspect of field notes in a dataset is their reflective component (Merriam & Tisdell, 2016).

I took notes throughout the data collection process. These notes came from interviews and documents reviews and were written and stored electronically. It was important for the notes to be stored in way that I can, along with other persons, can retrieve them efficiently at a later date. After each interview, I reflected on what happened and recorded researcher field notes. My notes included observations I made during the course of the interview, as well as initial opinions about what my interviewees said in relation to my research questions. I also wrote down possible follow up questions to be used during my second round of interviews with principal. Yin (2018) encourages researchers to jot down ideas while out in the field because theoretical ideas are simulated by data, and it is appropriate to jot them down before the researcher forgets them (p. 119). I also took what is referred to as reflective field notes, which are included at the end of each set of field notes. My reflective field notes include my feelings, reactions, hunches, initial interpretations, speculations, and working hypotheses (Merriam & Tisdell, 2016, p. 151). The field notes were dated and labeled for easy retrieval and use.

During my document reviews I took field notes of my thoughts and observations, as well as any patterns. I took note of common language found in interviews and recorded these words and phrases in my notes. I jotted down potential connections between interviews and documents

for further review. I used the field notes to record potential questions to include in the second interview with the principal, and as well as other questions that I need to ask to clarify what was discussed in an interview.

Teacher Survey

The use of a survey helps qualitative researchers build depth and context to their case study (Yin, 2018). A copy of the teacher survey for this study is found in Appendix M. The survey was included to increase the number of participants providing information about the principal's leadership actions. The addition of the participation of 21 teachers provided data for a deeper and more meaningful analysis of the research questions. The use of the survey in this study is an example of qualitative study with quantitative components nested within a primarily qualitative design (Merriam & Tisdell, 2016).

The survey included twelve questions, eleven were multiple select and one was an open ended question. The first four questions asked how long the teacher has been teaching, how long they have been working with the current head principal, their teaching assignment, and about how many students they have had with food allergies over the course of their career. The next set of questions were derived from the guidelines for principals in the Voluntary Guidelines. The first of these asked how the principal works to support students with food allergies, including information about policies, procedures, and communication. The next question asked if the teacher was aware of the principal doing a list of items to plan for the needs of students with food allergies. Then the survey asked a question focused on actions from the guidelines focused on preparing and responding to emergency situations. The eighth question focused on how the principal was providing professional development or raising awareness in support of food allergic students. The final Voluntary Guidelines based question asked whether the principal

was creating a healthy, safe, and inclusive environment for food allergic students. The next two questions asked about Section 504 plans and asked the teacher to rate the principals support of food allergic students. The final question was open ended and asked for any additional information regarding the principal's actions in response to students with food allergies.

At my request, the principal shared a link to the survey at a virtual faculty meeting at the end of April. I sent her the study information sheet for teachers only participating in the survey to share with the teachers. After the principal shared the link at the meeting, 13 teachers responded. A few weeks later, around May 13th, she shared it again, that time only 1 teacher responded. Around June 1st she shared it one last time, 7 additional teachers responded to the survey. In total, 21 teachers participated in the survey.

Trustworthiness and Credibility of Data

During the process of data collection and analysis, it was critical for me to ensure that my interpretations and conclusions were correct and sound. Merriam and Tisdell (2016) highlight the importance of being reflective during both data collection and data analysis, "it is incumbent upon the critical researcher to be reflexive: to consider issues such as positionality and insider/outsider stance in to research and to try to own their effects in the process in so far as this is possible" (p. 65). My potential biases, including having two children with severe food allergies, were detailed in my positionality statement. These lived experiences give me background knowledge on how food allergies students are managed in some schools, however they required me to be constantly mindful of my biases throughout my study. In addition to reflecting on my biases during data collection and analysis, I attempted to ensure the validity of my findings using a variety of strategies which will be discussed in the validity section.

Validity.

In order for my study to offer value it must be considered valid and reliable. Merriam and Tisdell (2016), “validity and reliability are concerns that can be approached through careful attention to a study’s conceptualization and the way in which data are collected, analyzed, and interpreted” (p. 238). I have detailed my conceptualization in the sections above. In this section I will outline the strategies I used to provide validity including member checks, adequate collection of data, an audit trail and data triangulation.

I used the strategy of member checks to help ensure internal validity. Merriam and Tisdell (2016) recommend you solicit feedback on preliminary and emerging findings from some of the people you have interviewed (p. 246). This is effective at confirming findings, or fine-tuning interpretations to better capture participant’s perspectives (Merriam & Tisdell, 2016, p. 246). During the second interview with Heather, the final section of questions focused on questions seeking feedback on emerging themes. I also used member checking to ensure the validity of my data by providing interview participants copies of interview transcripts for their review. I asked them to read the transcripts and report any errors or corrections. As reported before, Vanessa asked me correct the number of schools she had worked at from ten to three. Throughout my study I maintained an audit trail of my decisions regarding the design of my study, my data collection methods, and the analysis of my data using coding.

Another strategy that I used to provide validity to my study was the adequate collection of data. When deciding how much data is sufficient, Merriam and Tisdell (2016) offer guidance, “the best rule of thumb is that the data and emerging findings must feel saturated; that is, you begin to see or hear that same things over and over again, and no new information surfaces as you collect data” (p. 248). I have outlined the interviews and documents reviews I conducted in

my study. I believe the interviews, documents reviews, and teacher survey provide sufficient data to answer my research questions.

I used data triangulation, which is the use of multiple sources of evidence to provide multiple measures of the same phenomenon (Yin, 2018, p. 128). Data triangulation provides credibility and validity to my study. The use of interviews, document reviews, and the teacher survey provided me an opportunity to use many different sources for evidence. The use of multiple sources of evidence is more important in case studies than other research methods (Yin, 2018). According to Yin (2018), “using multiple sources of evidence permits going beyond appreciating the breadth of a case study’s scope. You also have an opportunity to pursue a critical methodological practice—to develop *converging lines of inquiry*” (p. 128). I used my interview data, document reviews, and teacher survey to collaborate and support my conclusions that are drawn from one data source. The use of multiple sources of data required more effort from me, and used more of my time. It also required me to understand how to use a variety of data collection techniques. However, the ability to triangulate the data helped me strengthen the construct validity of my case study (Yin, 2018). Construct validity is the degree to which a conclusion or determination from a study can be considered to be verified by the data. The value and credibility of my work is increased through the use of multiple sources of data. Table 3 summarizes my use of multiple data sources for triangulation.

Table 3: Summary of Data Triangulation

Sources of Data for Study

Types	RQ	Data Sources
Interviews	1, 2	<ul style="list-style-type: none"> ● Interview Transcripts
Document Reviews	1,2	<ul style="list-style-type: none"> ● Documents, including letters to parents, and professional development presentations

Field Notes	1, 2	<ul style="list-style-type: none"> • Notes from interviews and documents reviews
Teacher Survey	1, 2	<ul style="list-style-type: none"> • Teacher survey

Data Analysis

According to Merriam and Tisdell (2016) qualitative data analysis is the process of making sense out of the data (p. 202). To achieve this goal, I employed an approach that involved using established qualitative data analysis methods for deriving meaning from qualitative data. This included coding and the grouping of codes systematically into themes and categories (Corbin & Straus, 2015; Yin, 2018). Data analysis is a complex process that involves moving back and forth between concrete bits of data and abstract concepts, between inductive and deductive reasoning, between description and interpretation (Merriam & Tisdell, 2016, p. 202). In this next section I detail how I used qualitative data analysis methods to make sense of my data, including an evolving understanding of my data as I attempted to answer my research questions. This process is explained in detail in the following section.

Step 1 Early Analysis and Study Database

After I conducted interviews I transcribed all the interviews by first using the application Otter. Otter is an application that allows you to record, transcribe, search and share voice conversations. I used it to provide an initial draft of each transcription. The transcription produced using Otter was very rough and required extensive corrections. Many researchers argue it is best to transcribe your own interviews to help you get familiar with the data (Merriam & Tisdell, 2016). After I finished using Otter to initially transcribe the interviews, I listened to each interview to confirm the accuracy of the transcriptions and made the necessary changes. This also helped me begin to get familiar with the interview data. Merriam and Tisdell (2016) offer guidance during the early reviews of interview transcripts, “think of yourself as having a

conversation with the data- asking questions of it, making comments on it, as so on” (p. 204). I recorded and saved my notes taken during this initial review of transcripts as part of my field notes. I also used this first review of transcripts to add to my list of questions for my second interview with the principal.

After I have listened to and confirmed the accuracy of each transcript, I added it to my case study database. I uploaded all transcripts, field notes, and documents for review into the database. Yin (2018) emphasizes the importance of creating a separate and orderly study database that allows for a reader to read the raw data if necessary, and separates the data from researchers’ interpretation of data. The availability of the entire database for inspection by others markedly increases the reliability of the entire case study (Yin, 2018, p. 131). I added the survey results to my database. I then read through the survey results several times, my primary purpose at this point was to begin to get a sense of the survey data I collected.

Step 2 Coding for First Research Question

Once I established my database I began a second reading of the interview transcripts and field notes. During this reading I was specifically looking for comments from participants that addressed my first research question. This included looking for specific words connected to my first research question and the Voluntary Guidelines. These words and phrases became my initial set of codes and they included words such as procedures, policies, accountability, safety, Section 504, professional development, and training. This was a priori coding since I included predetermined codes (Corbin & Strauss, 2015).

During my second reading of the transcripts I highlighted in yellow all answers in the interviews that contained these initial codes, as well as answers that might be pertinent to my first research question. This review helped me get a general sense of the data I collected.

Coding helped me begin to develop themes from the data that addressed my first research question. The grouping of codes into themes is often called axial coding, during this process you are putting codes together that seem to be connected or fit well together (Merriam & Tisdell, 2016). I grouped these initial codes into preliminary themes, which included effective communication, procedures and expectations, inclusivity, faculty and staff accountability, and the designated leader.

I reviewed the results of the teacher survey to see if it confirmed or contradicted the initial themes derived from preliminary analysis. For example, communication appeared frequently in the interviews and appeared to be an important leadership action that helped the principal effectively support students with food allergies. To confirm this, I reviewed questions that mentioned communication and found that 100% of the teachers surveyed believe that the principal, “Communicated district and school policies and practices for managing food allergies with teachers.” The survey revealed that 85% of teachers believed the principal, “Set up communication systems that are easy to use for staff who need to respond to food allergy reactions and emergencies.”

I used these initial themes to help guide my creation of questions for my second interview with the principal. This interview started with clarifying questions from the first interview, as well as questions derived from the other interviews, and the document reviews. I then asked open ended leadership questions, as well as general questions about leadership in regards to food allergies. I was very careful to leave the questions general and did not include any connection to my initial themes. I then concluded the interview asking Heather questions related to my initial themes, both to seek further information about them, but also as a form of member checking to

see her thoughts on the importance of these initial themes in supporting students with food allergies.

Step 3 Clarifying and Updated Themes of First Research Question

Once I completed the second interview with the principal, I transcribed it using Otter, and then confirmed the accuracy by listening to the recording and editing the initial transcription. I then highlighted answers that contained my initial codes or were pertinent to my first research question in yellow as I did with the other interviews. At this point I reviewed my initial codes and interview answers highlighted in yellow. This review, along with the answers to the questions from the second interview, helped me clarify my themes. I reviewed the interview transcripts for a third time and used different colors to highlight words, phrases and answers connected to each new theme.

Step 4 Developing Leadership Categories for First Research Question

Eventually the themes were grouped into leadership categories. These categories were derived from codes and themes that appeared in many pieces of the data collection. These categories represent leadership practices of principals that support students with food allergies. It was important for me to sort of all of the evidence for the categories into folders for storage, review, and retrieval. Merriam and Tisdell (2016) believe that it is important to manage the number of categories, “the fewer the categories, the greater the level of abstraction, and the greater the ease of which you can communicate your findings to others” (p. 214). Creswell (2013) suggests starting with 25 to 30 categories early in the data analysis, and reducing to five or six themes for the narrative portion of study. This was not an issue for me as I never had more than five categories, and further analysis I ended up with four categories. Table 4 contains the four themes for my first research question.

Table 4*Themes for First Research Question*

Emphasized the safety and well-being of students
Used effective communication with all stakeholders
Focused on disability awareness and compliance
Functioned as the designated leader in charge of food allergies

Step 5 Developing Codes and Themes for Second Research Question

Once I had determined the leadership actions of principals that support students with food allergies I was able to start my analysis for my second research question. This analysis was a comparison of the leadership actions of the principal that support students with food allergies to the recommendations for principals in the Voluntary Guidelines. I found nineteen codes by reviewing the Voluntary Guidelines and I used them for a priori coding of my data (Corbin and Strauss, 2015). These codes included coordinate, communicate, policy, management, plan, respond, and monitor. I reviewed and highlighted the interview transcriptions using these nineteen codes. After coding the interviews, I was able to being to group the codes into themes. I compared these themes to the Voluntary Guidelines, which has six categories of suggested leadership items for principals. The six categories merged into the themes derived from the coding of the data. I found three themes in my comparison of the principal's leadership actions to those in the Voluntary Guidelines. The themes for my second research question are listed in Table 4.

Table 5*Themes for Second Research Question*

Led a coordinated approach that lacked a few elements of the Voluntary Guidelines
Provided limited professional development and educational opportunities on food allergies for staff, students, and family members

Methodological Limitations

A limitation of this study are my potential biases, which were detailed in my positionality statement. In my positionality statement I also included the measures I put in place to manage this potential bias, including what I did to remain as objective as possible. Another limitation of my study is that the staff members, including the teachers, as well as the parents, were suggested to me by the principal. I used a set of predetermined criteria to assist in selecting candidates to include, however the list was determined by the principal. It is possible that the principal only selected staff members who support her and parents that have favorable opinions of her leadership. It is possible that other staff members and parents have a different opinion of the principal's leadership actions. The teacher survey was sent to all teachers which helps with this limitation of the study.

The principal is the supervisor and evaluator of the employees, and it was important for me to address this dynamic in several ways. First, I ensured that the school employees were aware of their confidentially protections detailed in my study information sheets. I assured them that any readers of the study would be unable to identify a specific teacher or staff member's comments. One way I addressed this limitation is that I used three sources of data; interviews, documents reviews, and the teacher survey. The teacher survey had a participation rate of 63% of the classroom teachers. This provided support to answers provided by staff members during interviews.

The number of staff members and parents that are included in the study is limited, the inclusion of additional staff members and parents may be provided more extensive data.

Additionally, I only interviewed staff members and parents once, another set of clarifying interviews might have allowed me to better understand their experiences. I was not able to complete observations of classrooms and of the cafeteria due to Covid-19, this might have provided me a clearer understanding how the principals' leadership actions supported students.

My study only included one elementary school, which limits its ability to inform readers about the phenomena of principals' actions to the elementary setting. Another limitation of this study is that it is the location of the participants is limited. All the research participants are from the Midwest. It is possible that variations in state laws, or other regional measures, impact the leadership practices of principals in other regions of the country. By limiting my study to only schools in the Midwest, my exploration of the phenomenon of principals' leadership actions to support food allergic students is limited to this geographic area. In general, my findings may be limited by to the ability of a reader to apply it to their own state or setting.

I believe the methods I selected for my study provided useful data that helped me answer my research questions. I have included a number of research quality practices, such as identification of bias, member checks, data saturation, and data triangulation. I have also established research protocols for interviews, document reviews, and the teacher survey, as well as for data analysis. I am confident that with the practices and protocols in place that I am able to confidentially report my findings as valid.

Summary

This qualitative case study sought to analyze leadership practices used by an exemplar principal to support students with food allergies. This leadership task is critical in meeting the

mental, physical, and educational well-being of students with food allergies. This is a relatively new area of leadership for principals, and my study may be the first to complete an in-depth analysis of how the actions of principals impacts the school experience of food allergic students. Insights gained may help building leaders, as well as central administration leaders that support building leaders, increase their knowledge in how to best support food allergic students in their building. My comparison of the leadership actions of the principal with the Voluntary Guidelines may offer feedback for leaders looking to develop guidelines that support food allergic students.

Chapter 4: Summary of Findings

Introduction

In this chapter, I present the findings from my research in response to my research questions:

1. What are the leadership actions that principals should consider when serving students with food allergies?
2. How do principals' leadership actions align with CDC Voluntary Guidelines?

During my data analysis I carefully considered my research questions. I discovered four findings for my first research question, and three for my second. In terms of the leadership actions that principals should consider when supporting students with food allergies, I found that the principal (1) emphasized the safety and well-being of students, (2) used effective communication with all stakeholders, (3) focused on disability awareness and compliance, (4) functioned as the designated leader in charge of food allergies. Each of these themes was derived from the data collected in the interviews, document reviews, and the teacher survey.

My data analysis revealed two themes in response to my second research question about how principals' leadership actions align with the CDC guidelines. The leadership actions, as compared to the Voluntary Guidelines, revealed the following findings. The analysis revealed that the principal (1) led a coordinated approach that lacked a few elements of the Voluntary Guidelines, and (2) provided limited professional development and educational opportunities on food allergies for staff, students, and family members. The remainder of this chapter will focus on exploring these key findings in greater detail.

School and Teacher Information

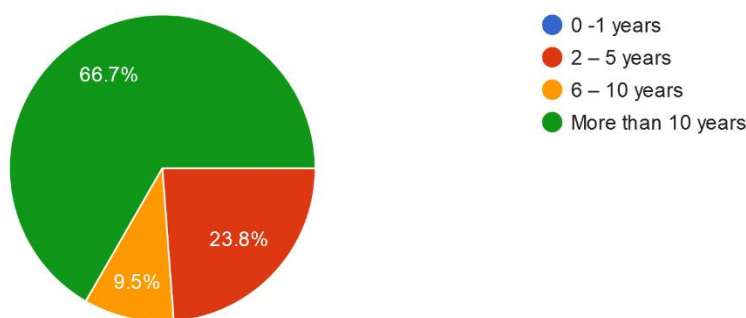
However, before I address the findings related to my research questions, it is important to provide context by summarizing a few findings from the teacher survey. There were a total of 21 teacher respondents to my survey with a response rate of 70%. First, I provide a breakdown of the teachers' experience and responsibilities. Second, I summarize the number of students with food allergies these teachers have encountered.

Figure 1 shows the teachers' experience level, with 66.7% (n = 14) having more than 10 years of teaching experience, 9.5% (n = 2) having 6 to 10 years of teaching experience, and 23.8% (n = 5) having 2 to 5 years of teaching experience. From analyzing this data in comparison to the principal's tenure at the school, I determined that all of the teacher respondents have worked alongside the principal for between 2 – 5 years. She has been at the school for 4 years.

Figure 1

Teaching Experience of Teachers in Survey

How long have you been teaching?
21 responses



Of the 21 teachers who participated in the study, Figure 2 indicates that 28.6% (n = 6) taught kindergarten, 14.3% (n = 3) taught first grade, 19% (n = 4) taught second grade, 14.3%

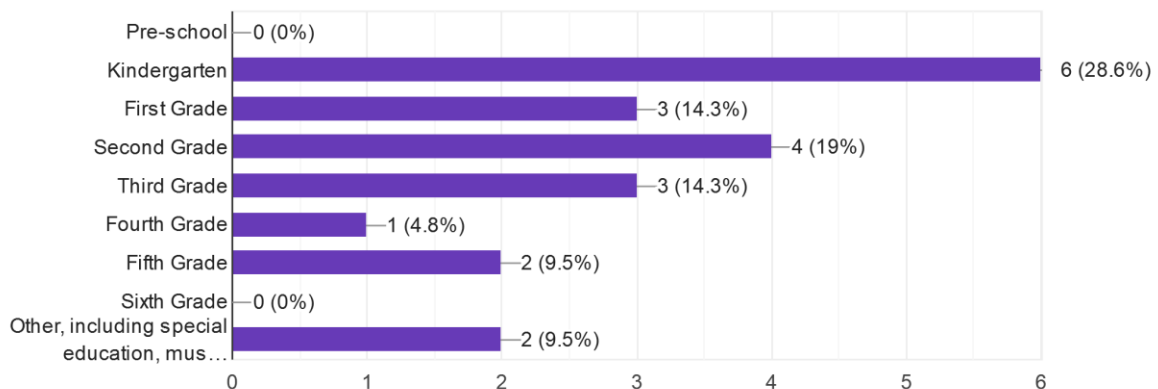
(n = 3) taught third grade, 4.8% (n = 1) taught fourth grade, 9.5% (n = 2 teachers) taught fifth grade, and 9.5% (n = 2) had a teaching position other than as a classroom teacher.

Figure 2

Breakdown of Teachers' Grade Level

What grade level do you teach (select all that apply)?

21 responses



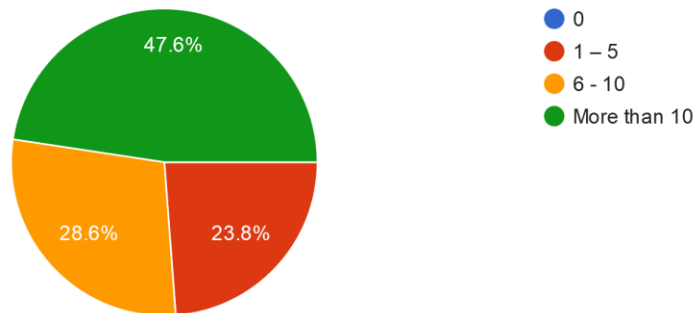
All the teachers in the survey report having experience over their entire teaching career working with at least one student with food allergies. As shown in Figure 3, 47.6% (n = 10) report having more than 10 students with food allergies, 28.6% (n = 6) report having 6 to 10 students with food allergies, and 23.8% (n = 5) report having 1 to 5 students with food allergies. The school nurse reported 34 food allergic students in the school during the 2019-2020 school year.

Figure 3

Number of Students With Food Allergies for Each Teacher

How many of your students have over your career as a teacher had food allergies that you knew about?

21 responses



Research Question 1: Leadership Actions That Serve Food Allergic Students

My first research question examined the leadership actions of principals needed to support food allergic students. Four distinct themes arose regarding the principal's support of students with food allergies from my interviews, which were then supported by my document reviews and teacher survey. In terms of the leadership actions that support students with food allergies, I found that the principal (1) emphasized the safety and well-being of students; (2) used effective communication with all stakeholders; (3) focused on disability awareness and compliance; and (4) functioned as the designated leader in charge of food allergies.

Emphasized the Safety and Well-Being of Students

The principal's commitment to the safety and well-being of students was emphasized throughout the interviews. This included the physical and emotional safety of students, as well as the health and wellness of students. Fifth grade teacher Megan stated, "She's always about safety and making sure that school is a safe place for everybody, including kids with allergies." Lydia, a kindergarten teacher, made it clear that safety was the top priority. She stated, "I feel like we do a good job in our school trying to make sure everyone's safe, I feel like that's our

number one priority is that student safety.” As a parent, Jan shared how the introduction of policies that reduced food in the classrooms helped relieve stress, “you can't bring in any food for anything, which is amazing and makes me have much less anxiety that you don't, that people just can't bring stuff in when they want to.” The principal, Heather, made it clear in her interviews that safety was important to her.

It's something that we take seriously, I tell the kids you know all the time, my number one job is to make sure you're safe and that is safe physically, that's safe emotionally, and that is safe health wise, so anything that comes to us that we know, or fear that it's going to be unsafe for them, we take very seriously and I believe that our kids know that as well.

Heather effectively used school-wide policies regarding food to protect students with food allergies, established procedures that supported food allergic students, and trained teachers, staff members, parents and students to ensure the safety of food allergic students. School wide policies instituted and monitored by Heather were important leadership actions that supported students with food allergies.

School Rules That Support Food Allergic Students.

Heather's school had several policies in place that helped to provide safety to food allergic students. Some of these policies were district policies that Heather ensured were implemented with fidelity, and some were school policies put in place by Heather to improve the safety of students with food allergies. She made a clear effort to reduce the inclusion of food in school activities, including for parties, birthday celebrations, and during curricular events. One place she removed food from was class parties. Lydia, the kindergarten teacher, stated,

Elementary level parties for, Halloween and Valentine's Day, some of those parties are a pretty big deal and used to, up until about a year and half or two years ago, snacks were always included in the parties, but then again because allergies are becoming more prevalent we have taken that part, away from class parties, so now the room moms aren't allowed to have a snack table at our class parties.

Eliminating food from classroom parties was not the only place where food was removed from classrooms, Heather also removed food from being used to celebrate birthdays. Heather stated, "we are a treat free school, birthday treats was about four years ago." This was confirmed by all of the other participants in the interviews, the school moved to alternate ways of celebrating students' birthdays that did not include food. This included birthday pencils, the use of birthday hats for younger students, and the vouchers for free kids' meals at local restaurants that students could use with their families.

There is a district-wide policy forbidding fast food being brought into the school when parents come to have lunch with their child in the cafeteria. Heather explained the reasoning behind this policy.

We had parents bringing in whole pizzas, we had parents bringing in lots of Chick-fil-A and their french fries, and then they were sharing it with students....So, and that was happening across the district, that was part of the Wellness committee that came up with that policy that we're just going to say no fast food across the district, just so that we don't have to worry about kids who do have food allergies or maybe kids who have a hidden food allergy that we don't know about yet, and someone shared food with them and then all of a sudden we're in anaphylactic shock in the cafeteria.

Heather provided leadership to make sure that food used in classrooms for curricular reasons was both limited, but also safe for students. Vanessa said as the school nurse, Heather was, “really good at making sure that my staff knows how important it is, they’re going to be using any kind of food in the classroom or having a snack or a special treat of any kind, that they have to notify me, and then I will go through each student.” The district participated in the Smart Snack program, which is a USDA program, which was a change instituted by the district’s Wellness committee six years ago. The program requires that snacks have the correct amount of fats, carbohydrates, proteins that the USDA recommends for the school and school lunch programs. The policy that Heather enforced is that the classrooms can have two snacks that fall outside the Smart Snack guidelines per school year. This reduced how often Heather and Vanessa had to work with teachers to ensure that the food is safe for students. Lydia explained how her class used their snack exemptions,

My kids that have allergies, I just sent them the list like, here are the things that we are going to have for our Charlie Brown Thanksgiving feast. Could you please bring in something comparable, and the parents are always super appreciative...usually they're very willing to send in things because again they don't want their child to be excluded.

There was one area where at least one teacher felt that the school could further reduce the use of food in the building. She stated that this year they had a cafeteria program a few times spread throughout the year called Free Cookie Friday. A student of hers got upset when they were unable to have one of the cookies. As assistant principal, Ruth helps detail why straying from their normal policies and procedures is dangerous for students by explaining:

We [give] kids a little bit more credit in that they're always going to make the right choice. And sometimes we as adults still need to make sure that we are monitoring that

because sometimes they just don't think, somebody hands them something they don't think and they will eat it.

The information gathered from the interviews, as well as the results of the teacher survey, indicate that this Free Cookie Friday does not match with the normal routines and procedures of the school. These results included:

- 95% (n= 19) of teachers reporting that the principal collaborated with the cafeteria staff to manage food allergies in the cafeteria,
- 100% (n = 21) of teachers surveyed indicated that Heather, (1) developed building-level policies outlining procedures for students with food allergies, (2) communicated district and school policies and practices for managing food allergies with teachers, and (3) ensured implementation of district and school policies for managing food allergies, and,
- 90.5% (n = 19) thought that Heather developed a school policy or plan to address the use of food to celebrate student birthdays.

In addition to reducing food use at school, Heather ensured that procedures were in place to support food allergic students.

Established Procedures That Support Students With Food Allergies.

It was evident that Heather valued establishing clear routines and procedures to ensure the safety of the school's students, including procedures that support students with food allergies. For example, the interviews revealed that teachers knew how they were expected to respond to emergencies. Megan reported, "We have very specific instructions on how we are supposed to contact the nurse, if anything ever does happen." One aspect of their procedures that was frequently discussed was having redundancies to increase the effectiveness of their routines.

Megan stated, “We are just double checking ourselves, she wants us to make sure that we're always double checking to make sure that nothing's ever gonna happen.”

Cafeteria Procedures.

This was also evident in the cafeteria procedures. When a student is buying their lunch from the cafeteria, they have the following three checks to ensure the food is safe for the student.

1. Their student information system (Skyward) that has all student’s allergies listed and flagged, this will come up in red on the computer screen when student puts in their lunch number at the cashier.
2. The student’s picture with their allergies listed in a binder prepared by the nurse, which can viewed by the cashier when checking out students.
3. The third check was added this past year. It includes a step when after a student was able to purchase food that they were allergic to. They now have highlighted student’s food allergies on a card that they carry with them through the lunch line.

Other measures they have in the cafeteria are allergen free tables, and the thorough wiping down of tables between students. Teachers also wipe down tables and surfaces after eating snacks in the classrooms. Lydia also mentioned the importance of students washing their hands when returning to the classroom, “And so we would have the kids when they came back from lunch, everyone would get hand sanitizer, wash our hands.”

Nurse Procedures.

The school has a full-time registered nurse, Vanessa. Heather and Vanessa work effectively as a team, with Heather providing a leadership role, and she is also often involved in many of the daily tasks required to protect students with food allergies. Vanessa managed many of the daily tasks required to protect students with food allergies. As an experienced school

nurse, Vanessa shared the value of Heather's support of students with food allergies, she reported, "Biggest thing is that she does support me, which is, I mean that's huge since I haven't had that before, that's, that's a big deal when you've got the support of your principal behind you, I mean it's just, it changes everything." Vanessa makes a document at the beginning of the year that she provides to all teachers and staff members that work with a student with food allergies. She described it as, "I make them a spreadsheet that has their allergies, what to look for, what to do, with their picture, and then they kind of put it they each kind of have their own little books that they put that into whenever I give it to them so it's easily accessible and they can look into it."

As the nurse, Vanessa took the lead in working with families and their physicians to set up Individual Health Plans. However, assistant principal Ruth, reported that she and Heather are involved in case Vanessa is out of the building,

Either [Heather, the principal] or myself sits in on any of those care plans or emergency plans, just so that if our school nurse happens to be out of the building, for whatever reason, one or both of us are knowledgeable about what the process should be, what we should do to help that student so one, her or myself are always involved in the care plan to make sure that we're all on the same page and that what we have set up is doable within the school.

School-wide Procedures.

Other school-wide procedures for food allergic students include the posting of signs outside of classrooms that contain students with food allergies. These signs are used to let teachers, as well as parents, know that certain foods are not allowed in that classroom. The posting of signs used to be an issue with the previous principal, according to a parent Jan,

“[Heather, the principal] has totally agreed to it, which used to be a fight every year to do this, but [with Heather] there's never a fight with it.” The use of signage will also be discussed in the next section on training students and parents.

A procedure at the school is that students with allergies wear their epinephrine auto-injectors with them at recess. Heather reports their procedures for doing this,

Another thing that we do before school starts is make sure that we have the recess medical kits. [Vanessa, the nurse] works really well with that...We send that out every time with them, if they're an older student they come to the office and get their Epi before they go outside for recess or other activities. If they are not old enough and then an aide or [Vanessa] will take it down into the classroom before recess starts make sure we've got that Epi pen out on the playground.

The nurse prepared kits for teachers to carry on all field trips, including epinephrine auto-injectors for students with food allergies. Classroom teacher Lydia shared her experience, “we are given like a little backpack that has an EpiPen in it for any kids that you know have an allergy. It has all kinds of other emergency first aid type things in it, like band aids and all that kind of stuff.” The nurse prepared easy access to student’s epinephrine auto-injectors, and made it easy for others to find a student’s medicine should she be absent. Vanessa outlined her procedure for labeling medications.

Anytime a parent brings in an EpiPen or usually they'll bring EpiPen and Benadryl, is usually I'll get both, sometimes I don't but usually I do. And then I have a plastic, it's called a safety sack, which is a clear hard plastic bag that has like a little ring on it. And I actually like to hang it in the clinic, so that it's accessible to any staff member, and then on that bag, I actually have the student's name, their classroom, and their grade level, so

that way if I get that phone call, it's very easy for me to look, grab it and know kind of where I'm going.

The school has the procedures in place to avoid students having reactions. When they do have incidents, they have structures in place that help them work as a team to discuss what happened and to discuss possible changes to procedures. Lydia shared one example, “We brought that back to our monthly, you know safety meeting, kind of talked through to see if there was anything else we could add to it.” When a student does have an allergic reaction, or medical emergency, they have a defined procedure in how to get help. Classroom teacher Megan explains,

We can call over the radio, if we don't get a response there, then we can call the office, there's a certain number that you can call, and it will call all three phones and it will call both secretaries as well as the nurse, so, all of them, if the nurse doesn't answer, that they can, then one of them will answer, so that you can get it an emergency and down there that they would tell her and they would go, she would come down with the EpiPen...or whatever it would be.

The teacher survey provided data about the implementation of procedures to support food allergic students. Some of this data was included in the previous section, including that 100% of teachers reported that the principal developed and communicated building and district level procedures to support food allergic students. Additional relevant data from the survey included:

- 95.2% (n = 20) reported that the principal worked with appropriate staff to ensure completion of health forms and registration forms to identify students with food allergies,

- 100% (n = 21) of teachers surveyed reported that Heather ensured that responding to life-threatening food allergy reactions was part of school's approach to emergency planning.

The policies and procedures established at the school were important to protecting students with food allergies. However, the effectiveness of these policies and procedure was impacted by the principal's ability to train teachers, staff, members, and parents about these policies and procedures.

Trained Stakeholders.

Heather used a variety of strategies to train teachers, staff members, parents and students about how the school supports students with food allergies. The district has required training for teachers and staff members on food allergies. As the school nurse Vanessa led these trainings, Heather made sure that they were completed and that teachers engaged with Vanessa on any questions they had.

Trained Teachers.

As a teacher, Lydia detailed her experience with the trainings and the role Heather had in the trainings.

We have to do like our EpiPen training at the beginning of the year. So [Heather] makes sure that is set up, and then makes sure that you know if we have any questions, she always at the end says make sure you connect with the nurse about this...and so she does help with that and there's making sure we're comfortable with that, where we know where it's located in case there's something else going on in the building, and the nurse can't help us at that moment, we know exactly where everything's kept.

The training goes beyond what is covered at the beginning of the year meeting where food allergies is one of many topics that need to be covered. Vanessa detailed trainings they provide teachers and staff beyond what happens in the opening day meetings.

I have to also sign them off on it, because I like to see them demonstrate [the use of the Epi Pen]....when I started at the elementary with [Heather] she does it's, it's called PD in your PJs, professional development [it] is videotaped by her and then sent out to the staff and then they can watch it even at home in their PJs if they want to...And then I told the teachers that they needed to come to me and be checked off and I found out when I did that, I have so many more questions from teachers.

Trained Support Staff.

Vanessa also helps train the bus drivers twice a year. Interestingly, according to the teacher survey only 19% (n = 4) of teachers were aware that this happened. The teacher interviews revealed that since this happened outside the classrooms while they were teaching they were unaware of it happening. Ruth, assistant principal, detailed that this happens twice a year.

At our school we do meet with our bus drivers twice a year in August and then again in January, and we just try to update them on students, so we give them the same fact sheet about kids with food allergies and what the symptoms might be that we would give the teacher, so they have that same information and then we just check in with them at least twice a year as a group to kind of see how are things going, you feel comfortable, is there any more information that you need.

Trained Parents.

One way that Heather trains parents for the new school year is by providing letters to all parents in classrooms with students with food allergies. These letters do not list any student

names, but do list the allergens students in that classroom are allergic too. The letters detail why these foods will not be permitted in the classroom. She sends these to the entire grade level since food allergic students may work in other classrooms at their grade level due to RTI groups or other grade level activities. Parents are reminded of the allergens forbidden in a classroom by the signs posted outside the room. This is a portion of the letter that is sent to the parents:

Parents can help avoid accidental contamination of surfaces in classrooms by not sending in *snacks or foods to be eaten in the classroom* that contain ingredients that can produce life-threatening reactions in some of our students. Our teachers monitor closely any food items used in learning activities and parties in our classrooms to ensure that they are safe for all students to consume and touch.

Parents are told which ingredients are to avoided for the food allergic students in the class.

Trained Students.

Heather and her administrative team are involved in teaching important skills, including going to classrooms throughout the year to provide instruction to students on critical information. There are several components to these talks, including safety information and concerns, social emotional skills, and character development. Heather discussed how they talk about safety, expectations of the school, and what would happen during emergencies such as fires and tornados. She stated the other part is to talk about the physical safety and well-being of students, this is when food allergies are incorporated.

Lydia shared her view of these quarterly talks and how food allergies are incorporated into the talk.

[S]he talked to them about you know you only eat the food that you're given. We're not sharing food, because when you share food, it might have something in it that makes someone else not feel well or it might make them sick. So even though it's most of the time it's nice to share, we're not sharing our food while in school.

The teacher survey revealed mixed results about the professional development provided by the principal. According to the survey, 66.7% (n = 14) believe principal made sure staff receive professional development and training on food allergies. Also, only 66.7% (n=14) of teachers believe the principal coordinated with licensed health care professionals to provide professional development on needs of students with food allergies. I will discuss this discrepancy further when I discuss my second research question.

Heather's emphasis on the safety and well-being of students, through the use of policies, procedures, and training, are leadership actions that addressed the needs of students with food allergies. These actions are connected to Heather's use of effective communication with all stakeholders, including using repetition and consistency in communicating the needs of food allergic students, and inclusion of all stakeholders when communicating the needs of students with food allergies.

Used Effective Communication With All Stakeholders

In order for teachers and staff members to understand the support required of students with unique needs, leaders must communicate not only the importance of these needs, but also the procedures that provide support to these students. The policies, procedures, and training provided by Heather in support of food allergic students was discussed in the last theme. The use of effective communication by Heather in support of those policies, procedures, and training

opportunities is the focus of this next theme. Effective communication requires repetition and consistency in the messaging.

Repetition and Consistency in Communicating the Needs of Students With Food Allergies.

Heather worked to ensure that a student's food allergies start getting addressed as soon as possible. During the spring open house for next year's kindergarteners, Heather and Vanessa, include the nurse's office in the students and families tour of the building. Lydia shared, "one of the things on that scavenger hunt is to stop in and see the nurse and talk with her about any health-related things that you have going on and let her that you know asthma or allergies or anything like that." Vanessa described how Heather tries to make the connection early with parents with food allergies, including for students on tours or younger siblings of current students. She stated,

She will touch base on that and bring them to my clinic and she kind of acts as that liaison between the two. Or if we have another student that another younger sibling is going to be coming to the school, she has notified me that she heard from the parents that that particular student has a food allergy and that we needed to address it and then I knew to contact the parents.

Once a student enrolls, the principal ensured that there are multiple methods of informing parents about the needs of students with food allergies in the school and the classrooms where their child may be a student. This includes the signs outside the classrooms, the letters sent home at the beginning of the year, and Heather meeting with room parents at the beginning of the year. Lydia described how this is helpful.

They have put some different things in place over the course of the last few years that have helped with communication, and our school nurse provides these little stop sign posters that they put on the outside of our classrooms that lists the allergies, so people, anyone's bringing in food or anything like that, everyone is kind of aware of what allergies are happening within each classroom.

Megan described how the meeting with room parents was helpful in ensuring no food was brought in for the parties. She stated, "And then at the room parent meeting at the beginning of the year, which I mentioned but they also talk about making sure everyone who's planning the you know the different parties in the classroom, food is not allowed as part of the party."

Jan described how the letter sent home at beginning of the year to all parents in the classroom helped keep her child safe. She stated,

At the beginning of the year a letter is sent out to all the students that kind of goes over all the parents that kind of goes over you know the fact that there are food allergies in schools so to be cognizant of that and talk to your kids about not sharing food during lunch about not sharing food on the bus not eating on the bus...Just little things that that that help educate people and help right off the bat.

One challenge for administrators in addressing food allergies in schools is the range of students' allergies, including the level of sensitivity to their allergens, as well as how parents communicate their child's allergies to the school. Heather addressed this difficulty, and it shows how her consistently communicating the importance and severity of food allergies is a leadership action that helps support students with food allergies. She stated,

It's been part of my leadership role is, it doesn't matter if the child is anaphylactic or not anaphylactic, if they have the food allergy we take it as serious as possible because we

know from food allergies that it may be a rash yesterday, they come in contact with it today and it gets worse. It could be an anaphylactic, you know, going into anaphylactic shock, so that has been that's been interesting with as many food allergies as we have, just seeing how some of our parents react, whether it be very concerned to just very nonchalant.

In addition to Heather taking food allergies seriously at all times, she recognized the importance of providing multiple layers of support to teachers and staff. The training provided to teachers at the beginning of the year, which includes the use of epinephrine auto-injectors, along with opportunity to ask questions while signing the sheet with the nurse, provide several opportunities to learn about food allergies. Vanessa makes sure all teachers who will be responsible for students have information about their allergens, their typical symptoms, and other important information about that student's allergies. Heather explained how this is just the starting point of communication.

It's that spiraling where we may have a face to face meeting, but we're always following up with an email or a note, or a topic type of document, and then we always go back and reference it you know week or two later, just to make sure...I don't want to say I'm checking up on everybody, but you know when it comes to policies and stuff. You know those gentle reminders, and then also praising them when they do get into the habit, especially with food allergies, checking ingredients when snacks are coming in, making sure that kids don't have things hidden in their backpack.

Previously, I explained that 100% (n = 21) of teachers surveyed indicated that Heather communicated policies and practices for managing food allergies with teachers. Additionally, 100% of teachers report that Heather shared information about students with food allergies with

appropriate staff. The teacher survey also indicated that 85.7% (n = 18) believe Heather set up communication systems that are easy to use for staff who need to respond to food allergy reactions and emergencies.

To summarize, Heather did not only check in with the teachers, she also checked in with students and parents. Heather's open and frequent communication with all stakeholders was a leadership action that supports students with food allergies.

Inclusion of All Stakeholders in Communication.

Heather makes sure that communication was open, bi-directional, and that it involved all stakeholders. Lydia described how Heather, and the assistant principal, Ruth, are active in the cafeteria, and check in with food allergic students.

When different things are brought up that could change or be different, they're in there I would say at least one of them is in the cafeteria, a couple times a week during our lunch time. Just checking in with the kids...checking in with those allergy kiddos that are at the separate table.

For food allergic students, serving snacks in the classroom, or special curricular activities requires additional planning. Megan talked about how Heather makes sure that the communication between parents and teachers happens, "then she also is very hands on with making sure that we do contact parents if we're going to have food, just to make sure that we're making sure that their allergy is for sure known." It is always stressful for parents to receive an unexpected phone call from their child's school. For parents with food allergies, receiving phone calls at work when a food activity is about to happen has additional implications. Jan explains how improved early communication with her was helpful to her family.

It used to be, I would be at work and with patients and right in the middle that I would get a call, we are having a party can we have such and such like Chinese fortune cookies with no ingredients. So, things are done in advance and discussed, which seems like a really small thing, but is huge.

Communicating after a student had an issue with food is an important leadership action demonstrated by Heather. When a student with a new allergy accidentally got a bun that contained an allergen, Heather worked proactively to problem solve the issue and to communicate with the family. Lydia reported, “she was able to communicate to the parent and say, you know, thank you for reaching out, here's what we're doing, you know, to make sure that that doesn't happen again.” According to Lydia they had a plan in place the very next day, which is when they added the third layer of checking students’ food in the cafeteria line against their card before they were able to buy it. Vanessa shared how after the incident, Heather communicated with the cafeteria staff to ensure it did not happen again. She said, “Then [principal] also went in and spoke to them, had a meeting with them about the importance of this and how they really have to, there's a ton of stuff you have to go through to double check, you know, triple check, whatever, but it's got to be done.”

Lydia talked about how Heather made sure that a special education aide was up to date on a student’s allergies. She stated, “(principal) made sure that not only of course I knew that information, but also the special ed assistant, that was working with him, a good 70 to 80% of the day, that she was also aware that he had those allergies.” Substitute teachers take on the role of the teacher, along with the responsibility of keeping students with food allergies safe. Jan talked about how the school informed substitutes about students with food allergies, “There's a

folder that identifies all kids that are at risk that the substitute or whoever needs to know special information about.”

Data from the teacher survey revealed that 85.7% (n = 18) were aware that Heather contacted parents immediately after any suspected allergic reaction and after a child with a food allergy ingests or has contact with a food that may contain an allergen. Additionally, 100% (n = 21) of teachers believe Heather communicated the school’s responsibilities, expectations, and practices for managing food allergies to all parents through newsletters, announcements, and other methods. Communicating with stakeholders is important to students with food allergies. Recognizing food allergies as a disability, one that merits interventions to ensure inclusivity, as well as recognizes the importance of promoting awareness, is a leadership action exhibited by Heather. She also worked to ensure that differences were accepted and celebrated, and finally, she ensured that food allergic students’ legal protections were followed and protected. This will be discussed as- the next theme.

Focus on Disability Awareness and Compliance

Heather’s leadership actions promoted inclusivity of students with food allergies, celebrated and recognized differences to promote awareness, and ensured food allergic students were afforded their legal protections, including from Section 504. Her efforts included ensuring that food allergic students were included as much as possible, which included working to meet their individual needs. This was an important leadership action in support of food allergic students.

Inclusive of Students With Food Allergies.

It was clear from the interviews that ensuring that students with food allergies were able to participate in as many school activities as possible was a big priority for Heather. She

emphasized removing food from the classroom activities which meant that the school was automatically more inclusive for food allergic students. As assistant principal, Ruth talked about how this helped make the school more inclusive without being disruptive. She stated,

Going to school wide policies for no food and that it doesn't single out any specific students for their food allergies. So, in our building it, people don't realize that that's why we've gone to some of those strategies and so it's not a big deal for people to have a food allergy and nobody really has to even know.

When food could not be removed, such as for class snacks, or lunch in the cafeteria, Heather ensured that the teachers made sure that the food allergic students were provided accommodations so they were included. Lydia stated, “We've offered to keep a separate basket in the classroom like in the snack cabinet, so that we know, it's time for snack, then you know these kids get out of this basket and it's all things that will be safe for them.” Megan talked about how there was always a back-up snack option for students, with Heather being involved in ensuring the alternative options were safe. She stated, “Just making sure they know that if there is ever anything that they can't have that they have another option, and she's always, she always has backup snacks, she always has backup, everything.” Jan described the school's efforts to make field day inclusive. She stated, “they try to even on like school wide activities, like say field day, now, I think that they tried to do. They try to make it even if it's a school wide thing not a class thing. They try to make it so that people who have food allergies can participate.”

The cafeteria had allergen free tables for students, and a system with three checks to ensure school bought lunches were safe for students. Ruth described Heather making sure lunches were inclusive for food allergic students.

She works in the cafeteria to make sure that we always have an option I know at the end of the school year in the past when we've had a normal end of the school year, they have offered a sack lunch on the last day of school, but it was only going to be peanut butter sandwiches and so we went through the process of you can't just offer peanut butter sandwiches because we have students that can't eat that.

During other activities where food was included, Heather ensured that teachers communicated with families to ensure that food allergic students were included. Lydia shared how she became more inclusive of students with food allergies, "I think a big thing that I've learned is that when you want to try to include them...we also do a lot of different projects and things with food. So, I never want to exclude students because they have these allergies." Megan described their efforts to ensure food allergic students were included, "She just makes sure that they that it's not going to hold them back. So, if, if we are eating something and it could be, or it contains allergens and she will just find a backup option for them, just to make sure that it's not going to hinder their participation." For the celebratory picnic, Megan described how they made it inclusive for all students, "So we do have a fifth-grade picnic every year and so we make sure that that doesn't contain anything that could be a potential allergen for anybody."

The teacher survey indicated that the large majority of teachers also thought Heather was inclusive. In fact, 85.7% (n = 18) reported she worked to ensure an inclusive environment for students with food allergies. Other relevant support from the survey included:

- 81% (n = 17) agreed that Heather worked to ensure that students with food allergies were protected on field trips,
- 90.5% (n = 19) were aware that Heather planned for the needs of students with food allergies during school-wide celebrations,

- 85.7% (n = 18) believed she made sure staff planned for the needs of students with food allergies during class field trips and during other extracurricular activities, and,
- 76.2% (n = 16) thought the principal made sure that students with food allergies have an equal opportunity to participate in all school activities and events.

Disability Awareness, Acceptance, and Celebration.

Heather worked to promote disability awareness and acceptance at her school. This was a mindset that was pushed throughout the school for all students, including those with food allergies. Differences were to be recognized, accepted, and celebrated. These efforts supported food allergic students and their families, who as Jan stated may have experienced, “real hostility between people when you tell them they can't bring their favorite desserts and things like that.” One component of these efforts were talks that each grade level had every nine weeks led by the administrators. Heather described the part of the discussion that was specifically about students with food allergies,

Food allergies, we also talk about kids with special needs that not everybody looks the same, acts the same, but we need to accept you know people for who they are, and all of those differences is what makes us unique, so we do talk to every grade level about not sharing food, taking food off the trays or, you know, out of lunch boxes and then also talking to them about food allergies that could be within their classroom, we show them the food allergy sign.

The district has a character education program, which the school participated in, where each month they have a different character trait that they focus on for that month. They do

announcements over it, and some of the classrooms do activities. As a classroom teacher, Megan described her take on these talks,

There's a different character trait each month that we focus on...a lot of the time it's focused on accepting others and just making sure that we're not treating people differently...we're accepting of people at all times of all different backgrounds and races and disabilities or whatever it might be, including food allergies, and it just makes sure that kids know that just because somebody has this doesn't mean that they can't, can't do other things or whatever. They're not limiting.

In addition to these quarterly talks by the administration and character education program, the school promoted disability awareness in other ways. This include an adaptive PE program, participation in the Unified Games, and celebration of Disability Awareness month in March. Heather described some powerful experiences from these programs.

We also have some students in our school who have epilepsy and so those students, this year they got up in front of their class and they talked about their disability and you know as friends in the classroom if they saw them acting this way or if something happened what could they do to support that student...We have a student who is, is autistic and does have some tendencies that may make others upset around him and so, you know, with the parents and what the students did was very honest and said, sometimes I can't control myself when I do this, and just get, they give presentations to their class.

The school has layers of support to protect students, including those with disabilities. One layer of support was a change from pull out services, to more push in services for students. An explanation of this change helps understand the mindset of the building under Heather's leadership.

When I came in to (school name) four years ago there were a lot of kids that were having pullout services. And as you took a step back and look at the demeanor of those kids who are leaving the classroom, especially in the middle of a really fun activity or core instruction, you could see them crushed...so we started doing tons of push in services.

The school embedded other layers of support with other programs, including their Champions program for student who needed a little more individual support. Heather described the purpose behind this program.

We assign champions, to our students especially some of our really high needs students, those champions, adult champions are ones that are really working on building relationships with that child. So, if that student is in crisis, or need support we know to call on that person to go and support that student.

Another program in place at the school was Trust Based Relational Interventions (TBRI), which are based on work from Karen Purvis on trauma informed instruction (Howard, Purvis & Razuri, 2015). For this program they ensure that kids stay hydrated, and that students who need a snack are able to get one to help them stay on task. Heather described how they implement the program.

Kids need to stay hydrated every couple hours, and you need to feed your brain, and so we do provide TBRI snacks for kids who are feeling anxious, is not feeling themselves. Sometimes you know if they're acting out or having a behavior issue a lot of it comes down to them not being able to vocalize that they're hungry. And so we provide those snacks in our office, so you know most of our food allergies are, peanuts and tree nuts. So the snacks that we have are that we have snacks in the office conducive to every allergy that is in the school.

Tying in the survey, one result revealed that 28.6% (n = 6) thought that Heather made sure the school's curricular offerings included information about food allergies to raise awareness among students. This will be explored in further detail in the discussion of the second research question.

In the context of disability acceptance, it is important to review the data on bullying from the teacher survey and interviews. The results were mixed. From the teacher survey:

- 57.1% (n = 12) revealed that Heather monitored for the bullying of students with food allergies specifically do to their food allergies,
- 76.2% (n = 16) reported that Heather reinforced the school's rules that prohibit discrimination and bullying as they relate to students with food allergies,
- 95.2% (n = 20) responded that Heather ensured a healthy environment for students with food allergies, including providing for students mental and physical health, and,
- 85.7% (n = 18) reported that Heather worked to ensure an inclusive environment for students with food allergies, including minimizing bullying and teasing due to students having food allergies.

The interviews results were also mixed and likely explain why. Interviewees indicated that Heather was active in working to protect students from bullying, but that there were also still incidents of bullying due to food allergies. On one hand, interviewees commented that bullying was being addressed. Megan stated, "We are always doing bullying just in general. So it's not necessarily specific to food allergies, but just making sure that kids know that she always has like character and stuff going on." Ruth stated, "they just have a really good culture anyway about not bullying." On the other hand, there was one incident mentioned during an interview.

Vanessa said, “with the bullying aspect of it with the counselor it was just this past year that I found out that we had a student that was bullied about [their food allergy].”

The school demonstrated a commitment to being inclusive of students with food allergies, this included their efforts to recognize, address, and promote disability awareness and acceptance. The school’s commitment to policies, procedures, and training are important to ensuring that students with food allergies are afforded their legal protections.

Compliance With Legal Protections for Food Allergic Students.

Heather made efforts to eliminate food from birthday celebrations and class parties to protect the safety of students with food allergies. These efforts ensured fewer accommodations were needed to a food allergic student’s day to ensure equal access to the educational environment. When asked if she thought whether legal protections for students with food allergies impacted food allergic students’ experiences at the school Heather answered with, “I don’t think it’s impacted their experiences because we’ve come up with accommodations or modifications to an activity so we make sure that they can be a part of it.” The school recognized that even with so many built in accommodations, some food allergic students would still benefit from a Section 504 plan. Heather explained that they had two students with a 504 plan for food allergies.

We have two 504’s for food allergies right now. And a lot of them are like if they would go into anaphylactic shock and recover from it. They could be out of school for a good week or two because the way their immune system works is they’ll be fine and then it will flare back up again and then they’ll be fine. And then, of course, they’ve got severe fatigue or could have severe swelling so we do have two 504’s this year with food allergies.

Vanessa described how they worked together when they had students with a 504 move into their school, including Heather making sure that the meetings happened. Vanessa and Heather both met with the families. She stated, “if [school] did have a new student that had a 504 plan, that they made sure that I was brought in on that 504 meeting for me to discuss that with the teachers, the parent and then [principal] of course was there so she kind of made sure that that happened.”

In a different part of the interview Vanessa described another experience she had with a family moving into their school with a 504 in place for food allergies. She stated,

I even had a parent when I came into the school that had had a 504, and then after I met with them, kind of explained how I did things in the clinic, things that I've come across those, they actually decided not to do the 504, they were comfortable with what I already had in place, basically, and they dropped the 504.

It is important to see if this perspective is shared by parents of students with food allergies. As a parent with a student with a 504 plan at the school, Jan shared her experience with her daughter's 504 plan.

So (daughter's name) in particular, she has a 504...to make sure that the teacher understands, but her teacher and (principal) and all that are wonderful. So, she has a 504 for although honestly, I don't know if I've signed it this year or not just because I haven't had, I haven't needed to, because it's been perfect.

While discussing the 504 plan later in the interview, Jan remembered that they had met this year. She also referenced a few accommodations that were beneficial, including, “So on field trips, according to the 504, I get to go. So that's good. So, a responsible person will go with it like grandma, parent, wherever, just to make sure that everything is good.” Another

accommodation she mentioned was, “the teacher will send like the ingredients or picture of the ingredients, so that you can check it out beforehand and say whether or not it's kosher or not. So usually, at least in the 504 they'll, they'll do that for a couple of weeks in advance, they'll tell you what it is.” Jan explained why the 504 meetings are so helpful to get the year off to a good start.

Yeah, [principal] goes to the 504 meetings, too. So, that's all done before school starts, which is amazing because they used to be that you'd have to send your kid on the first day with nothing, with nobody knowing anything, you don't know if they're going to give them something, you don't know if they know how to give an EpiPen.”

Finally, in regards to 504 plans Jan shared her parent perspective on why they are so important to have for students with food allergies. She had conflict with the previous principal in ensuring her food allergic children were safe, protected, and that the school was providing the necessary accommodations. She shared this about the usefulness of 504 plans for parents.

Well definitely you have resistance, you know administration and teachers, the 504 is absolutely the way to go. And thank God for it, because without it I don't think any of that, well maybe with (principal), but if it wasn't (principal), then you have to have that. That's the only way the only kind of leverage you have to enforce it because it is a disability, you know, and so the 504 is the way to go.

Briefly returning to the teacher survey question regarding 504's, the results from the survey are mixed:

- 51.2% (n = 11) were unsure whether the principal had discussed whether students with food allergies are eligible for protections,
- 42.9% (n = 9) reported that the principal had explained that students with food allergies may be eligible for legal protections, and,

- 4.8% (n = 1) said the principal had not discussed whether food allergic students are eligible for legal protections.

Interestingly, the interviewees indicated that Heather was active in using 504's for some students with food allergies. This discrepancy between the survey and interview data will be discussed further in findings of second research question.

The final theme to answer what leadership actions that Heather took is that she assumed the role as the designated leader in charge of ensuring students with food allergies were having their needs met. This includes her ensuring policies, procedures, and trainings were in place to protect food allergic students. She used effective communication to put these in place, as well as ensured food allergic students were included in class and school activities and received the appropriate accommodations. Heather's involvement in multiple aspects of meeting the needs of food allergic students, as well as being a problem solver open to feedback, were leadership actions that supported students with food allergies.

Principal Functioned as the Designated Leader in Charge of Food Allergies

Heather prioritized the needs of students with food allergies, she made it an important part of her work as principal. She was the leader in the school in charge of ensuring the needs of students with food allergies had their needs met, and all stakeholders recognized her as the leader.

Supported Food Allergic Students in a Variety of Ways.

Heather was involved in the variety of tasks needed to support food allergic students. This included providing professional development and training to teachers, meeting with families, teachers, and the nurse to create IHP's and 504 plans for students, and working daily to ensure that food allergic students only were able to access safe food.

Heather shared in her first interview that she was involved in helping to procure safe snacks for kids, stated, “as a principal I’m usually in charge of that, to make sure that we have those food allergy friendly treats within our school.” Megan discussed how Heather was active in making sure communication was happening between teachers and parents, “she also is very hands on with making sure that we do contact parents if we’re going to have food, just to make sure that we’re making sure that their allergy is for sure known.” Lydia discussed how Heather was actively involved in the work in the school, including supporting students with food allergies. She said, “So I feel like she’s a really, really, strong leader. And again, she doesn’t just talk the talk, but she walks the walk as well.” Vanessa shared how Heather would check in with a student if they had a reaction, or had some other type of medical incident during the day.

She is one of those that she would then later on in the day make an effort to see that student, to check on them, even if it was just before they were getting on the bus to go home and then that way if the parents would ever call her, you know concerning that later, she would have an idea of what you know was going on, but usually if it was more of an emergency situation then she would just stay in the clinic with me.

Jan talked about how as a parent she had experienced hostility from other parents in the past while trying to manage the food in her children’s classrooms. She also talked about why it is so important to have a principal be active in their support of students with food allergies. She stated, “I don’t know, the thing is like, it can’t come from the parents, you know like I can’t change the world. I can’t change the school.” She later added, “it really has to come from the (principal), who’s great about it has to come from the top down for it to work. Otherwise it’s just a bunch of fighting and bickering on.”

Heather was very active in her support of food allergic students, including during emergency situations. Vanessa shared how active she is during emergencies. She stated,

Usually she's in there with me. She will immediately come in and give me any kind of support, if she needs to do something, run and get something if she needs to call a parent and, you know, if she needs to just go get the students things because they're going to be going home and, you know, they're still having troubles so she's very hands on.

Heather even responded to two food allergy emergencies on buses. When Jan's daughter had a possible allergic reaction on the bus, Heather left school to go to the bus. Jan reported, "[principal] was also there. So, she even left the school and came over to intercept the bus and the ambulance." Ruth described how Heather's mindset of making sure she was meeting the needs of food allergic students. She stated, "I think that's the biggest, the biggest thing, she's willing to work with just about anybody to make sure that we're providing for everyone."

Vanessa shared how Heather's clear leadership ensured that all the teachers and staff members were on board with their efforts to support food allergic students, she said, "Biggest thing that she does is support me, which is, I mean that's huge since I haven't had that before, that's, that's a big deal when you've got the support of your principal behind you, I mean it's just, it changes everything."

Heather described her general view of leadership, to build consensus but also ensure the right things are in place for students.

You know you always want to have that vision, again to do what was best for students, you know, to bring a group of adults together for a common vision and common goal but sometimes you know and having that empathy and seeing that, through the lens of each person in your school community, but sometimes it's tough, that you just have to kind of

put your foot down and make those decisions for everybody, hoping that everybody will understand why those decisions were made.

The teacher survey revealed:

- 90.5% (n = 19) reported that Heather collaborated to create Emergency Care Plans or Individual Health plans for students with food allergies,
- 90.5% (n = 19) were aware that she collaborated with cafeteria staff to manage food allergies in the cafeteria,
- 95.2% (n = 20) revealed that Heather worked with appropriate staff to ensure completion of health forms and registration forms to identify students with food allergies, and,
- 100% (n = 21) of teachers report that Heather was extremely supportive of students with food allergies.

Problem Solver Open to Feedback.

As discussed, the school trained bus drivers to be prepared to support students with food allergies. However, this was not always that case. After an allergic reaction on the bus, Heather began having her school work with bus drivers twice a year to help them better support food allergic students while they were on the bus. She reported, “One thing we did learn from that, though, is what we didn't have in our plan was letting our bus drivers know. And so now when we have kids with food allergies, we make sure that that bus driver is aware that that child has an EpiPen.” This was a common pattern during the interviews, when an issue did come up, Heather was quick to problem solve and institute new procedures, or modify current procedures to improve how they were supporting food allergic students.

Another example is when a student with a new allergy accidentally got a bun containing an allergen. This is when the school added the third layer of checks in the cafeteria line. Lydia described how Heather responded to this incident.

It was maybe October or November, and literally the next day, I mean (the principal), I don't know, I know you've talked to her but I don't know if you have a lot of relationship with her but she's on it. And so, pretty much the next day we had this new plan in place and she was able to communicate to the parent and say, thank you for reaching out, here's what we're doing, to make sure that that doesn't happen again.

Jan shared how Heather was responsive to feedback, which helped support her child with food allergies. She stated, "So with (the principal) though she's actually really open to feedback and to talking about things and not offended. So, it's actually fine with her, but definitely in the past, it was very ugly." Heather shared how they learn from incidents to be better prepared in the future.

Now, just that I'm super proud, and I feel like you know we always have those times where maybe something will fall through the cracks, but as a team we're sitting down and talking about what happened. You know, for example kindergarten student had a bite of peanut butter in September, and I'm like oh my gosh, you know what happened, we've talked about this, we did training on it. How in the world did they go through the line at the lunch, sit down and have a bite of peanut butter and it wasn't discovered until after that? So, I'm just really proud of our team for problem solving, you know when things like that happen, doesn't happen often. But we always want to make sure that we are you know it's almost like that control system, we're always auditing our control systems, to make sure that nothing falls through the cracks.

To review, my first research question explored the leadership actions of a principal in support of students with food allergies. My study of this question revealed four primary themes from the data. The analysis revealed the principal emphasized the safety and well-being of all students. She used of effective communication with all stakeholders, including in her efforts to promote disability awareness and compliance. The principal was the designated leader in charge of food allergies, which will be further discussed during my second research question. These actions encapsulate my analysis of my first research question. My second research question, how the principal's actions align with the CDC Voluntary Guidelines, will be the focus of next section.

Research Question 2: Alignment of Leadership Actions With Voluntary Guidelines

My second research question examined how the principal's leadership actions aligned with the Voluntary Guidelines. The Voluntary Guidelines are the government's primary source of guidance for schools in their efforts to support food allergic students (CDC, 2013). A comparison of Heather's leadership actions with the Voluntary guidelines provided a way to compare her practices to those recommended by experts. For example, did Heather provide all the suggestions in the guidelines? The results of my comparison are detailed below, in general I found that she provided the majority of the leadership actions suggested by the guidelines. This can be seen in Figure 4 below, which is a complete list of the guidelines for administrators, including building principals. I have highlighted in yellow guidelines that she provided to her school, as supported by the study's data. Figure 4 reveals that most guidelines are highlighted in yellow, indicating that Heather displayed the majority of the leadership actions.

Figure 4

Comparison of Heather's Actions to the Voluntary Guidelines

1. Lead the school's coordinated approach to managing food allergies.

Coordinate planning and implementation of a comprehensive Food Allergy Management and Prevention Plan (FAMPP) for your school. If your school has an on-site registered nurse, work with this person and the members of any relevant team—such as the school wellness team, school health team, or school improvement team—to plan and implement the FAMPP. Designate a qualified person (e.g., the registered nurse) to lead development of the FAMPP and designate responsibilities for implementing the plan as appropriate. If your school does not have an on-site nurse, ask for help from a registered nurse at the district level or from a public health nurse in the community.

Make sure staff understand the school's responsibilities under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA), and the Richard B. Russell National School Lunch Act to students who are or may be eligible for services under those laws. Make sure they understand the need to comply with the Family Educational Rights and Privacy Act of 1974 (FERPA) and any other federal and state laws that protect the privacy of student information. (See Section 5 for information about applicable federal laws.)

Communicate school district policies and the school's practices for managing food allergies to all school staff, substitute teachers, classroom volunteers, and families.

Make sure staff implement school district policies for managing food allergies.

Help staff implement the school's FAMPP.

On a regular basis, review and evaluate your school's FAMPP and revise as needed.

2. Ensure the daily management of food allergies for individual students.

Make sure that mechanisms—such as health forms, registration forms, and parent interviews—are in place to identify students with food allergies.

If your school does not have an on-site registered nurse, work with the parents of children with food allergies and their doctor to develop a written Emergency Care Plan (ECP) (sometimes called a Food Allergy Action Plan). This plan is needed to manage and monitor students with food allergies on a daily basis, whether they are at school or at school-sponsored events. If a student has been determined to be eligible for services under Section 504 or, if appropriate, IDEA, make sure that all provisions of these federal laws are met.

Share information about students with food allergies with all staff members who need to know, provided the exchange of information occurs in accordance with FERPA and any other federal and state laws that protect the confidentiality or privacy of student information. (See section 5 for more information about FERPA.) Make sure these staff members are aware of what actions are needed to manage each student's food allergy on a daily basis.

3. Prepare for and respond to food allergy emergencies.

Make sure that responding to life-threatening food allergy reactions is part of the school's "all-hazards" approach to emergency planning.

Make sure that parents of students with food allergies provide epinephrine auto-injectors to use in food allergy emergencies, if their use is called for in a student's ECP.

Set up communication systems that are easy to use for staff who need to respond to food allergy reactions and emergencies.

Make sure that staff who are delegated and trained to administer epinephrine auto-injectors can get to them quickly and easily.

Make sure that local emergency responders know that epinephrine may be needed when they are called to respond to a school emergency.

Prepare for food allergy reactions in students without a prior history of food allergies or anaphylaxis.

Make sure that staff plan for the needs of students with food allergies during class field trips and during other extracurricular activities.

Conduct periodic emergency response drills and practice how to handle a food allergy emergency.

Contact parents immediately after any suspected allergic reaction and after a child with a food allergy ingests or has contact with a food that may contain an allergen, even if an allergic reaction does not occur. If the child may need treatment, recommend that the parents notify the child's primary health care provider or allergist.

Document all responses to food allergy emergencies. Review data and information (e.g., when and where medication was used) from incident reports of food allergy emergencies and assess the effect on affected students. Provide input to modify your school district's emergency response policies and practices as needed.

4. Support professional development on food allergies for staff.

Make sure staff receive professional development and training on food allergies.

Coordinate training with licensed health care professionals, such as school or district doctors or nurses or local health department staff, and with other essential school or district professionals, such as the district's food service director, if appropriate. Invite parents of students with food allergies to help develop the content for this training.

5. Educate students and family members about food allergies.

Make sure that the school's curricular offerings include information about food allergies to raise awareness among students.

Communicate the school's responsibilities, expectations, and practices for managing food allergies to all parents through newsletters, announcements, and other methods.

6. Create and maintain a healthy and safe school environment.

Increase awareness of food allergies throughout the school environment.

Emphasize and support practices that protect and promote the health of students with food allergies across the school environment, during before- and after-school activities, and during transportation of students.

Make sure that students with food allergies have an equal opportunity to participate in all school activities and events.

Make sure that food allergy policies and practices address competitive foods, such as those available in vending machines, in school stores, fundraisers, during class parties, at athletic events, and during after-school programs.

Reinforce the school's rules that prohibit discrimination and bullying as they relate to students with food allergies.

It is clear from Figure 4 that Heather met all, or almost all of the requirements from three sections of the guidelines, which included; ensure the daily management of food allergies for

individual students, prepare for and respond to food allergy emergencies, create and maintain a healthy and safe school environment. The one exception from these three sections was from the segment on preparing for and responding to food allergy emergencies, where the Voluntary Guidelines require the principal to conduct periodic emergency response drills and practice how to handle a food allergy emergency. In discussions of emergency procedures, practicing response drills for food allergic reactions was never discussed.

The leadership actions detailed in my first research question align with many of the recommendations from the Voluntary Guidelines. Rather than repeat the information from research question 1 detailing where Heather met the requirements of the guidelines, this section will focus on a few areas where her practices did not align with the guidelines. This was mainly where her efforts were more limited than suggested by the guidelines. These discrepancies will be detailed in my exploration of my themes. Further discussion will focus on my analysis of the data that led to two themes emerging. These include that the principal (1) led a coordinated approach that lacked a few elements of the Voluntary Guidelines, and (2) provided limited professional development and educational opportunities on food allergies for staff, students, and family members. These findings are examined in the next sections.

Led a Coordinated Approach That was Missing a Few Elements of Voluntary Guidelines

The data in my study revealed that the principal was the designated leader in charge of ensuring the needs of food allergic students were met at the school. This included her working directly with students, as well as her working with teachers, the school nurse and other staff to ensure they were working to protect and serve food allergic students. This was thoroughly discussed during the review of the findings of my first research question. However, there were

areas where Heather's efforts to coordinate and led the school's effort did not meet requirements of Voluntary Guidelines. This section will focus on some of these differences.

School's Coordinated Approach Versus Voluntary Guidelines.

The Voluntary Guidelines require the school principal to coordinate the planning and implementation of a comprehensive Food Allergy Management and Prevention Plan (FAMPP). During the interviews a comprehensive plan for managing food allergies was never mentioned. I sent multiple requests for documents related to students with food allergies at the school, and received many of the documents I requested. I never received a plan such as a FAMPP. The guidelines also require that the principal is ensuring that the staff is implementing the FAMPP and that it is reviewed, evaluated, and revised on a regular basis as needed. Without a FAMPP in place, these recommendations did not occur. In Chapter 5, I explore whether the FAMPP would have benefited food allergic students.

The Voluntary Guidelines require that the principal ensures that the staff understands the school's responsibilities in regards to the federal and state laws that provide protection to students with food allergies. This includes Section 504. The data revealed that although Section 504 plans were in place for some students, Heather did not ensure that the teacher's had adequate understanding of how Section 504 applied to students with severe food allergies. As discussed previously, 51.2% (n = 11) were unsure whether the principal had discussed whether students with food allergies are eligible for protections, 42.9% (n = 9) reported that the principal had explained that students with food allergies may be eligible for legal protections, and 4.8% (n = 1) said the principal had not discussed whether food allergic students are eligible for legal protections. Chapter 5 will explore whether it is important that all teachers have an adequate

understanding of how federal and state laws provide legal protection to food allergic students, or whether it is sufficient for the school administrators to have this understanding.

This first theme focused on the connection between Heather's leadership actions and the Voluntary Guidelines focus on having a coordinated approach to managing food allergies. The next theme compares Heather's leadership actions to the Voluntary Guidelines suggestions on professional development and educational suggestions for supporting students with food allergies.

Provided Limited Professional Development and Educational Opportunities on Food Allergies

The guidelines require principals to make sure staff receive professional development and training on food allergies. The interviews revealed that teachers received professional development on food allergies, and Heather shared the presentations and videos used to provide this professional development to teachers. Vanessa shared what they called it, "it's called PD in your PJs." The teacher survey revealed that 66.7% (n = 14) thought that Heather made sure staff received professional development and training on food allergies. This reveals that at least a portion of teachers felt they did not have adequate professional development on food allergies.

Another requirement of the guidelines is to coordinate training with licensed health care professionals, such as school or district doctors or nurses or local health department staff. The interviews revealed that Heather and Vanessa had a close working relationship and worked collaboratively to support food allergic students. According to the teacher survey, 66.7% (n = 14) were aware that Heather coordinated with licensed health care professionals to provide professional development on needs of students with food allergies. This result reveals that although Heather worked closely with the school nurse, the guidelines indicate that working with

other health professionals would have potentially benefited the school. The same guidelines suggest principals work with parents of students with food allergies, including in the creation of content for trainings. It was clear from the interview with Jan, the parent of a student with food allergies, that Heather was open to suggestions from Jan on how to provide training to the school on food allergies.

According to the guidelines principals must make sure that the school's curricular offerings include information about food allergies to raise awareness among students. The survey revealed that 28.6% (n = 6) thought that Heather made sure the school's curricular offerings included information about food allergies to raise awareness among students. The interviews revealed that Heather and other staff members talked about food allergies during quarterly safety talks, as well as during the school's Character Ed program. With only about a quarter of the teachers indicating that the school's offering included sufficient information to raise awareness about food allergies, this is an area of possible improvement that would benefit food allergic students.

The final requirement of the guidelines was to communicate the school's responsibilities, expectations and practices for managing food allergies to all parents through newsletters, announcements and other methods. It was previously discussed that Heather sent home letters to families with children in classrooms with food allergies and met with room parents and included information about food allergies in this meeting. The guidelines recommend that this information is sent to all families in the school, which differs from Heather's practices. This is an area where Heather's efforts fall short of the guidelines.

Conclusion

In summary, Heather used a variety of leadership actions to support students with food allergies. These included emphasizing the safety and well-being of students with food allergies through policies, procedures, and training. Another important leadership action was using effective communication with all stakeholders to implement these policies and procedures, including multiple means of providing support and being inclusive of all stakeholders. Heather also focused on disability awareness, acceptance, and compliance to support the needs of food allergic students. Finally, she functioned as the designated leader of food allergies, she was involved in multiple aspects of meeting the needs of students with food allergies, and used her skills as a problem solver to solve problems collaboratively to support food allergic students.

A focus on a comparison of the leadership actions of the principal's leadership actions and those in the CDC Voluntary Guidelines found that she ensured the daily management of food allergies for individual students, prepared for and responded to food allergy emergencies, created and maintained a healthy, safe, and inclusive environment for students. However, she provided limited professional development and educational opportunities on food allergies for staff, students, and family members. The school also lacked a written comprehensive plan for managing food allergies. Chapter 5 will explore the benefits of Heather's leadership actions in support of food allergies, including whether other principals could replicate these practices. It will also explore the areas where Heather's practice did not align with the Voluntary Guidelines and whether these discrepancies impacted the school's ability to support food allergic students.

Chapter 5

Introduction

The purpose of this research study was to inform practice by researching the leadership actions of an elementary principal in support of food allergic students and to compare these practices to those in the Voluntary Guidelines from the CDC. My review of relevant literature did not find any studies that investigated the connection between the leadership actions of principals and the support provided to students with food allergies. The review did not find any studies reviewing the Voluntary Guidelines, including any comparing the practices of principals to those detailed in the guidelines. My study is likely the first to focus on this area of leadership.

My approach was created following an extensive review of relevant literature, which was detailed in Chapter 2. The data collection methods and procedures of my case study were shared in Chapter 3. Chapter 4 contains the findings of my study; these findings are derived from my data and detail what I learned about my research questions from my data analysis. In this final chapter, I share how the findings of my study answer my research questions and I situate the findings within the literature. This chapter then shifts to focusing on sharing implications and recommendations for practice, and concludes by detailing my study's limitations and recommendations for further research.

Summary of Findings

My analysis of my data for my first research question revealed that effective leadership actions that supported students with food allergies included an emphasis on the safety and well-being of these students. To accomplish this, the principal instituted school rules that supported food allergic students and trained all stakeholders on the procedures and practices that were necessary to support students with food allergies. The principal was found to be an effective

communicator, which supported food allergic students through repetition and consistency in messaging. The principal was inclusive in her messaging, including various stakeholders. There was a school-wide emphasis on disability awareness and acceptance, which helped support inclusive practices that benefited food allergic students. The principal was compliant with the legal protections affords to food allergic students. Finally, the principal was the designated leader in charge of ensuring the needs of food allergies were met. This helped support a problem-solving approach to issues, and provided a consistent focus on meeting the needs of students with food allergies.

My second research question examined a comparison of principals' actions in support of students with food allergies with those found in the Voluntary Guidelines. In response, I found great alignment between the principal's actions and the guidelines. However, there were elements in the coordinated approach that were missing, including the use of a formal written plan. Finally, the principal provided limited professional development and educational opportunities when compared to the suggestions in the guidelines.

Discussion of Findings

In this section, I share my findings which are supported with the data gathered from my study and the existing literature detailed in my literature review. First, I discuss how the leadership actions of principals' matter to students with food allergies. I, then, document how the policies and practices put in place by principals in support of food allergic students are essential to efforts to support these students. Next, I explain how inclusion practices at the school benefit *all* students, including those with food allergies. I, then, detail how the Voluntary Guidelines are a useful tool for school leaders. I also discuss the importance of providing professional development on food allergies to teachers and staff, and ensuring the school is

providing educational opportunities for students so they too can learn about food allergies.

Finally, I conclude with how parents of students with food allergies can work with their schools to support their food allergic children.

Leadership in Support of Food Allergic Students is Rarely Prioritized, but it Matters to Students and Families

My review of literature found that students are having allergic reactions in schools, including some without a prior history of food allergies (DeSimone, Furlong, Sampson & Sicherer, 2001). The review found that students with food allergies have higher rates of anxiety, suffer from other psychological effects due to their allergies, and are bullied at higher rates (Bonaguro et al., 2014). Parents of students with food allergies are also impacted by their child's food allergies, this includes an impact on their psychological well-being and their relationship with their child's school (Cummings, King, Knibb, & Lucas, 2010).

Despite all these issues, the relationship and connection between the work of the principal of an elementary school and the support of students with food allergies, is a topic with little research and study. There are several possible factors that may impact this lack of study, these include; the rising rates of students with food allergies makes this a new focus for schools, lack of understanding of the severity and prevalence of food allergies in society and in school communities, and overwhelming list of tasks and responsibilities for school administrators. My study focused on the leadership actions that support students with food allergies; however, the difficulties I had in recruiting principals for my study offers some insight into this lack of focus and study. It also offers insights into whether school leaders are currently perceived as being skilled at supporting food allergic students.

Aspects of my study revealed that support of food allergic students is not a priority to school leaders. As documented in my recruitment section, I contacted several support groups for parents of children with food allergies from the state of Indiana. I asked them to recommend principals that they, or members of their community, thought were principals who were active in their support of students with food allergies. This connection did not provide any recommendations for principals to consider for my study. I, then, contacted fifty superintendents for recommendations, was given five names for consideration, and ended up with only *one* principal to study. There are multiple factors which could have caused a low number of candidates to consider, including Covid-19 becoming an issue towards the end my recruitment period. However, it is noteworthy that only four superintendents (two candidates came from same corporation), thought highly enough of their principals' support of food allergic students to recommend them for the study. There are other likely causes for this low recommendation rate, these include: superintendents could have been reluctant to allow studies of their schools, principals' may have been unavailable due to time constraints, and a perception may have existed that this topic was not of direct benefit to those being studied. However, it is noteworthy that so few principals were considered to be good matches for my study. I believe this indicates that the support of students with food allergies in schools is not only unexplored by researchers, but also not a priority of many school leaders, both at the district and building level. Another likely cause is that many leaders lack confidence in their ability to support students with food allergies, themselves lacking professional development and training.

Finally, having found a principal who was perceived to be active in her support of food allergies, I found that effective leadership has a profound impact on the experience of students with food allergies. This was confirmed in a number of ways, including by the parent of a

student with food allergies. The contrast between the support the family and food allergic child received from the principal in the study, as compared to the previous principal, was remarkable. The principal's commitment to students with food allergies, along with her leadership actions in support of students with food allergies, directly impacted the student's school experience. This family's experience, along with the other data collected in the study, confirms that the leadership actions of principals in support of food allergic students matters.

A Leader's Proactive Commitment to Food Allergic Students Created a School-wide Effort to Support These Vulnerable Students

My study has demonstrated that the leadership actions of principals impact the school experience of food allergic students. In considering what are the most important actions, the principals' commitment to serving the unique needs of these students is the heart and basis for any effort to support these students. The principal's commitment to food allergic students in her school was evident in all of the interviews, she recognized their unique needs and was committed to meeting them. It is important to note that this commitment to food allergic students was all self-driven. Her efforts were not based on mandates from her superintendent, or from board policies or a lawsuit, rather it was based on her own personal priorities and values. It should be also noted that she had personal experience with food allergies. This gave her a unique understanding of the needs of food allergic students. In my section on areas for further research, I suggest investigating how to develop school leaders with a better understanding of the needs of food allergic students will be essential to supporting these students. Food allergic students and their families cannot rely on principals having personal experience with food allergies to get the support they need. As noted in my study findings, having a leader who is the designate in charge of ensuring the needs of food allergies students are met was instrumental. This led me to believe

that schools must have a leader with authority, either the principal, or assistant principal, tasked with leading the school's efforts to support students with food allergies.

The practices and policies she put in place all derived from her commitment to these students. Principals must recognize that these students have needs that extend beyond ensuring that they are served safe food in the cafeteria, or that they have access to a “peanut” or “tree nut” free table to sit at while eating lunch. This assumption that all food allergic children need is a few modifications is a very basic understanding of the needs of food allergic students, as demonstrated by my literature review and my data collection. The needs of food allergic students impact every aspect of their school experience. Leaders must understand that they are responsible for ensuring an inclusive experience for food allergic students, one that extends throughout the entire school day. In other words, leaders must ensure that more than a few accommodations are made. Instead, in order to truly attend to the needs of food allergic children, leaders are required to prioritize a commitment to the overarching myriad of needs of these students and families.

Efforts to support students with food allergies starts with a leader's recognition of their unique needs, and a commitment to address them. However, it is the policies and practices put in place that make this commitment a reality. For example, when a principal makes the decision to ban the use of food to celebrate students' birthdays, this has a profound positive impact on food allergic students. This protects their physical safety, and creates a more inclusive classroom for these students. They are no longer othered as the outsider who cannot participate in the same way as other children. Food allergic students are likely able to enjoy the celebrations more without feeling different or anxious about the potential of harmful food being present. As detailed in Chapter 4, this also impacts the student's family's relationship with the school, as

well as the emotional well-being of these families. The parent in my study shared how much better school was for her family when she no longer had to worry about her child's safety during the serving of these treats. It saved her from having to frantically find alternative treats on short notice which was stressful and frustrating.

The principal in this study developed plans to address the needs of food allergic students throughout the day, and adjusted these plans when necessary to improve the school's ability to support these students. The principal was proactive in her efforts, rather than reactive, which was the experience that the parent had with the previous principal. An example of this is her efforts to find out about students with food allergies before their first day at the school. This difference is significant, in reality it is the difference between the principal being responsible for needs of food allergic students, as opposed to parents having to advocate for their children and force principals and teachers to provide the support needed for their children. An example of this was the serving of snacks at the school. The principal ensured that the school always had safe snacks for food allergic students. The school worked with parents to provide these safe snacks; however, they also had their own inventory of safe snacks so that no child was ever left without a safe option. Too often the alternative is that families with food allergies have to advocate for their child to be provided a safe snack in their classroom.

The teachers and staff members in the study all shared how the principal's commitment to students with food allergies positively impacted how they worked with the students with food allergies in their school. They were all aware that the principal expected them to provide for the needs of food allergic students, whether this was during an end of year picnic, or a routine lesson, they made accommodations for students because they knew that this was the school-wide expectation. This demonstrates that serving the needs of food allergic students in directly

connected to leadership. In order to have schools that are putting practices and policies in place to truly meet the needs of food allergic students, we need principals who understand these unique needs, and then put in school-wide policies and practices that address the variety of these important and critical needs. Then, principals must ensure universal compliance with these school policies and practices.

Inclusionary Practices Benefit *All* Students

My review of literature found that principals of schools considered to be inclusive demonstrated common leadership themes. These included creating a climate where, “change was expected, encouraged, and supported” (McGregor & Salisbury, 2002, p. 266). Other common leadership practices included creating a sense of direction, shared leadership, reflective practice, and time for staff training and collaboration (McGregor & Salisbury, 2002). The principal in this study demonstrated these inclusive practices, and these actions directly supported students with food allergies. Her commitment to creating an inclusive school for food allergic students was a leadership action that perhaps had the greatest impact on these students’ school experience. One result of this study is to demonstrate the need to expand on the perspective of an inclusionary school leader. Good school leaders plan for the needs of special education students, and those from different cultural, ethnic and socioeconomic backgrounds. However, principals too often under value the need to institute inclusive practices for food allergic student. This study has shown that school leaders must provide for, and lead efforts to support food allergic students if they want to have a truly inclusive school.

This study showed how changes to school practices made it more inclusive. The principal in this study was at her school for four years. The interviews demonstrated her efforts to change how the school served the needs of food allergic students. On several occasions the

interviewees contrasted their new inclusionary practices from past practices under the previous principal. At the heart of these efforts was a commitment to making their practices more inclusive to better serve students with food allergies. These practices included finding fun and alternative ways to celebrate students' birthdays that did not involve food. This change turns a weekly, sometimes daily activity, into an inclusionary activity that can now include all students. Other changes included ensuring that end-of-the-year picnics only served food safe for all students. This change now provides a fun and celebratory activity for all students, rather than an event that might leave some students excluded from fully participating. Some families might even consider having their child stay home rather than subject them to an activity that could threaten their health, and subject them to anxiety and a feeling of being excluded from a classroom community activity.

The efforts to be more inclusive for food allergies was part of a school-wide commitment to be inclusive for all students with disabilities. As detailed in Chapter 4, the principal promoted disability awareness and acceptance, and put in practices and policies to support this pledge. The practices and policies put in place for students with food allergies benefited all students. Practices that remove food from activities, such as birthday celebrations, protect students with food allergies, but also protect students with diabetes and other health conditions. As discussed in the literature review, 25% of allergic reactions to food occur in students without a known food allergy (DeSimone, Furlong, Sampson & Sicherer, 2001). Unfortunately, too many of students in our schools are overweight, or even considered obese (Boles, Johnson-Shelton & Moreno, 2013). These students are better served by an extra recess, or an engaging activity, rather than a sweet treat that offers little nutritional benefit. Finally, not all parents have the financial resources to buy birthday treats for all the students in their child's class. Removing this social

obligation from parents is another benefit of this practice. These examples illustrate how an inclusionary practice for food allergic students ultimately benefits the entire student population.

Voluntary Guidelines are a Useful, but Underutilized Tool for School Leaders

This study is likely the first comparison of the leadership practices of a principal in support of food allergic students to those recommended in the Voluntary Guidelines. The Federal government recognized a need to provide support to schools when Congress passed the FDA Food Safety Modernization Act in 2011 (CDC, 2013). In this act, Congress included Section 112, which led to the creation of the Voluntary Guidelines which are intended to help schools and early childhood education programs manage the risk and needs of students with food allergies (CDC, 2013). My second research question compared the practices of principals' that support food allergic students to those recommended in the guidelines. My data collection and analysis found that there is significant alignment between the practices that support these students with those developed by the committee that created the Voluntary Guidelines. This finding supports the use of the Voluntary Guidelines to provide guidance to schools in their efforts to support food allergic students. It provides parents and advocates a resource to promote when seeking to improve how schools are managing the needs of food allergic students.

The principal in the study demonstrated the use of every leadership practice suggested in three out of the six categories in the specific guidance for building leaders in the Voluntary Guidelines. This was detailed in Chapter 4 during my discussion of my second research question. The principal never mentioned the Voluntary Guidelines in our interviews, she was implementing many of their practices without seemingly knowing about the guidelines. She could have used the CDC guidance to help her validate her practices to staff and parents. I also discussed how the leadership actions that she did not display were areas of potential

improvement. This included the use of a formal plan, called a Food Allergy Management and Prevention Plan in the guidelines. If the principal was using the Voluntary Guidelines to guide her practices, she could have recognized these areas of improvement and modified and added to her efforts. This study provides for her, and others, a contrast between her efforts and those in the guidelines.

This study supports the use of the Voluntary Guidelines to guide schools in their efforts to support students with food allergies. The study revealed that the Voluntary Guidelines aligned with the work of the principal; however, the guidelines were not a source for guidance in their work to support food allergic students. This leads to questions for consideration, such as how prevalent is the use of the Voluntary Guidelines to support students with food allergies. Areas of further study and research will be discussed later in this chapter; however, the use of the Voluntary Guidelines should be strongly considered in efforts by advocates and parents of students with food allergies to improve the ability of schools to support these students. School leaders, teachers and staff members looking to better serve their food allergic students should look to the Voluntary Guidelines for guidance.

Need for More Professional Development for Teachers and Staff, as Well as Increased Educational Opportunities for Students

Although the principal in this study was found to be active in her support of students with food allergies, the analysis of the study's data determined that additional professional development on food allergies for teachers and staff was necessary. The survey of teachers demonstrated that too many teachers lacked an understanding of how Section 504 protected students with severe food allergies. The principal, and assistant principal, used Section 504 plans for students, however, best practice would have been to provide teachers more professional

development on the state and federal protections offered to student with food allergies so that all teachers understood these important rights. The principal's commitment to food allergies was driving a lot of the support for these students, ensuring that teachers and staff were more aware of these rights would protect these students, as well the teachers and the school. Providing more professional development will likely to led to a more sustainable plan should the principal leave, the work supporting these students would continue rather than possibly diminish if the principal left. Fortunately, there is already established guidance, the Voluntary Guidelines, that school leaders can use to help guide their professional development plan. It also ensures that there is a established source for the school to depend on for their efforts to support food allergic students that is available to all educators should there be a transition in school leadership.

In addition to providing professional development on the legal protections afforded to students with food allergies, a focus on the psychological impact on students and their families would have helped teachers have a better understanding of the needs of students with food allergies. The includes the topics covered in the literature review, including elevated rates of anxiety among students and their parents, along with other psychological impacts. A deeper understanding of these issues would have better prepared teachers to see how events `might impact food allergic students, and make plans and accommodations that are inclusive and address these psychological needs.

The data from the study revealed that teachers did not believe the school provided adequate education on food allergies to the school community. This included to the students, the parents of students, as well as the greater school community. As discussed, this is an important action included in the Voluntary Guidelines. It is worth reflecting on why the data revealed that teachers reported a lack of adequate educational opportunities for students. This is noteworthy,

especially in light of the principal sharing that this was a topic covered in quarterly talks she and the assistant principal had with each grade level. One obvious issue is that there are so many topics that must be addressed by principals and teachers, and that even a principal dedicated to serving students with food allergies may struggle to find adequate time to devote to it. Another is that attending to the needs of students with food allergies is relatively new to schools, schools are still determining the best approach to educating students and the school community. Even those with an interest in providing this education may lack the educational materials and resources needed to provide this instruction. Advocates for students with food allergies might consider devoting time and energy to the production and support of the resources. Schools would benefit from materials, lesson plans, and videos that could be used to promote an understanding of how food allergies impact students.

Moving Forward, Recommendations for Parents Working With Schools to Support Food Allergic Children

This study revealed that many teachers lack an adequate understanding of the legal rights and psychological considerations of students with food allergies. However, it also demonstrated that Section 504 is an effective tool for parents to use to support their child with food allergies. The interview with the parent revealed that sometimes it is the only recourse families have in getting the support they need for their child. The parent shared how with the current principal it was not as essential; however, with the previous principal it was the only way she was able to get the accommodations needed to protect her children. Parents of students with food allergies would benefit from working collaboratively with their child's teachers and administrators. However, when necessary, and appropriate, families should use Section 504 plan to document and ensure the accommodations necessary so their child can feel safe and secure while at school.

Parents of children with food allergies should consider other ways to advocate and support their food allergic children while they are in school. This study revealed that there are very few principals considered to be skilled at supporting students with food allergies. This was evident in the difficulty in recruiting principals for this study. This is a new area of leadership for many principals, and a new consideration for teachers. Parents should consider supporting their schools by providing them insight into the needs of food allergic students, and work with the school to build the supports, policies, and procedures necessary to improve the school experience for these students. Parents should widely share with educators, and advocate for the use of Voluntary Guidelines in schools. The Voluntary Guidelines provide a non-threatening way to offer guidance for leaders inexperienced at supporting food allergic students. Parents should also advocate for the needs of students with food allergies at the district level to encourage the development of corporation wide policies and practices that support all students. Principals committed to students with food allergies should advocate to train others in their district. The principal in this study has much to offer her district, and those in her state. Her success needs to be shared, recognized, and celebrated to encourage others to follow in her path.

Implications and Recommendations

The findings presented in this study are intended to help researchers and school leaders understand the leadership actions of principals that support students with food allergies. Based on the findings of this study, I present recommendations for principals and those who support the work of school leaders. Additionally, the study's examination of the Voluntary Guidelines provides a review to support the use of the guidelines in schools' efforts to support food allergic students. However, it must be noted that evidence suggests that there are issues with the implementation of the Voluntary Guidelines. The principal in this study, selected for her

commitment to students with food allergies, did not use them for guidance. I only discovered the Voluntary Guidelines as part of my review of literature for this study, which is remarkable given my long interest and connection to understanding how to support food allergic students. This likely stems from the Voluntary Guidelines not being widely circulated or prioritized, and that they are too lengthy. School leaders need a shorter, more concise and direct guide to their efforts to support food allergic students. Therefore, I have created a one-page recommendation sheet that could be used as a quick reference guide, or in a professional development setting to provide guidance to principals. This work builds off the work in the Voluntary Guidelines and contains findings from my study. This sheet is contained in Figure 5. After the reference guide, I expand briefly on the content provided in the one sheet summary.

Figure 5

Guide for Elementary Principals to Guide Them in Support of Students with Food Allergies

Recommendations for Principals to Effectively Serve Food Allergic Students

1. Lead the school's coordinated approach to managing food allergies

- Designate an administrator committed to inclusive practices to be in charge of food allergies (e.g., principal or assistant principal)
- Create a thorough, but brief written plan that details the school's plan for managing food allergies using the CDC Voluntary Guidelines as a guide
- Ensure sustainable support by relying on written plan to implement school wide policies and practices that have buy in by from teachers and staff members
- Meet with leadership team of building at least once each semester to evaluate and update written plan. Also, consider revisiting plan after any severe allergic reaction.
- Communicate and monitor school, district, state, and federal policies regarding food allergies to all employees
- Work with district leadership to develop district policies that support students with food allergies

2. Lead the daily management of food allergies

- Put processes in place that identify students with food allergies, preferably before their first day at the school
- Ensure each student with severe food allergies has a written Emergency Care Plan (ECP), and that all adults who works with the child are aware of the plan

- Ensure students that qualify for Section 504 have an individualized plan implemented (first ensure proper understanding of when food allergic students qualify for Section 504 plan)
 - While ensuring all adults who will be in charge of a student are aware of their allergies, remember to apply FERPA and other laws appropriately
- 3. Prepare for and respond to food allergy emergencies**
- Ensure school has quick access to epinephrine auto-injectors, and that all staff are trained on how to use them
 - Plan for, and practice responding to allergic reactions in various settings in the school, as well as out of the school, such as on field trips. This includes for students without any known allergies
- 4. Support professional development on food allergies for all staff**
- Make sure all staff receive professional development and training on food allergies. Make sure teachers are trained on food allergic students' legal protections, including Section 504, as well as trained on the psychological needs of food allergic students
 - Coordinate with parents, students, the school nurse, or other medical professionals to train staff
- 5. Educate students and family members about food allergies**
- Ensure that the school's curricular offerings include information about food allergies to raise awareness among students and to promote inclusive practices
 - Communicate the school's policies, practices, and expectations regarding food allergies to all parents and members of the school community
 - Work with families of food allergic children to understand how their child's school experience, and work proactively to make changes when necessary to better support these students
- 6. Create and maintain a health, safe, and inclusive school environment**
- Promote inclusive and equitable practices for all students, including those with food allergies (such as using alternative ways to celebrate student's birthdays that don't involve food)
 - Emphasize practices and policies that promote health of all students, and ensure this includes every aspect of a student's day
 - Monitor for bullying and discrimination of students with food allergies
 - Make sure students with food allergies have an equal opportunity to participate in all school activities and events

The reference guide in Figure 5 was divided into six sections, which is very similar in content and structure to how the guidance for principals is divided in the Voluntary Guidelines. I have used my study's findings to fine tune the guidance, and highlight the most critical content.

I have also added to the content when my study determined that additional actions support food allergic students. In the section below, I provide additional details about some of the recommendations in each section.

Lead the School's Coordinated Approach to Managing Food Allergies

One of the strongest components of guidance developed from my study is that principals must designate an administrator to be in charge of ensuring that the school is addressing the needs of students with food allergies. The school nurse, and classroom teachers have an important and vital role, including a leadership role for nurses. However, to ensure that that full spectrum of allergic students' needs are met, schools must have an administrator with oversight and authority over the school be in charge of the school's food allergy plan. This leader is tasked with working with teachers and staff to develop a comprehensive food allergy plan, and work with this team to revise and update the plan as needed. This administrator is in charge of working with teacher leaders to develop school policies and practices to serve food allergic students. This leader then must monitor for compliance, and support teachers and staff as needed to ensure the school's food allergy plan is being implemented with fidelity.

Lead the Daily Management of Food Allergies

In addition to developing and monitoring the school's food allergy plan, the administrator in charge of food allergies must monitor the daily tasks that support food allergic students. This includes identifying these students at enrollment, and ensuring that individualized practices are put in place for students with severe allergies. This will likely include an Emergency Care Plan. The administrator must work with the school nurse and teachers to develop and implement this plan. This administrator should monitor the cafeteria, classrooms, and other schools' activities

such as field trips and before and after school activities to ensure that the needs of food allergic students are being addressed throughout the school day.

Prepare for and Respond to Food Allergy Emergencies

Administrators of schools must prepare for allergic reactions to food, including from students with no known allergies. To prepare for these emergencies, administrators should work with their school nurse, along with teacher and staff to develop a plan on how to respond to an allergic reaction. The plan should be straightforward, practiced, and clear to all responsible parties. The plan must include easy and quick access to epinephrine auto-injectors, and must include all aspects of a student's day.

Support Professional Development on Food Allergies for All Staff

First, principals must ensure that they understand the diverse needs of food allergic students, and review guidance on who to implement a school-wide plan to support these students. This is likely to start with a review of the Voluntary Guidelines. Principals must ensure that all staff receive professional development and training on how to support food allergic students. This professional development must include training on how to use epinephrine auto-injectors. However, the training must go behind this basic training, and train teachers and staff members on how to spot the signs of allergic reactions, and how they should respond when they see these symptoms. The professional development must go further than training on allergic reactions, and must educate teachers and staff members of all the various ways food allergies impacts a student's school experience. This includes the psychological impact of allergies such as anxiety, as well as elevated rates of bullying of students with food allergies. Finally, administrators must educate teachers on the legal protections afforded to students with food allergies, including Section 504.

Educate Students and Family Members About Food Allergies

As instructional leaders, principals must work with teachers and staff members to include curricular offerings about food allergies in the school's instructional program. These lessons and materials will raise awareness about food allergies, and provide support to food allergic students. Principals must communicate school policies and procedures related to food allergies to all stakeholders, including parents. This will support the implementation of the school's food allergy plan and raise awareness and support for students with food allergies. These efforts helping stakeholders understand the importance of inclusivity will benefit all students, and align with the schools' efforts to promote anti-bullying and anti-discrimination.

Create and Maintain a Healthy, Safe, and Inclusive School Environment

In addition to designating a leader to be in charge of food allergies, another critical element to any plan is to promote inclusive practices for all students, including those with food allergies. Inclusive practices minimize the amount of individualized accommodations needed for food allergic students. Leaders must emphasize practices and policies that promote the health of all students, and monitor to make sure this is implemented fully across the student day. Principals must also monitor for the bullying and harassment of students with food allergies. Finally, principals must make sure that students with food allergies have an equal opportunity to participate in all school activities and events.

Limitations and Suggestions for Future Research

There are leadership actions of principals that support students with food allergies. These beneficial actions have been found in this study. This study has also confirmed the usefulness of the Voluntary Guidelines. Yet, there are still many unanswered questions about how school administrators should address the needs of food allergic students in their buildings. Future

researchers should consider investigating the use of Section 504 plans for food allergic students, parent's perspective on the school experience of food allergic students, principals understanding of food allergies, and children's understanding of living with food allergies in a school setting.

The Use of Section 504 Plans for Food Allergic Students

The literature review of this section detailed how Section 504 plans can be used to support students with food allergies. The review also detailed litigation between schools and families of children with food allergies. Many of these cases were focused on disagreements on how Section 504 was implemented, including the accommodations provided to the child. The site of this study had two students who had Section 504 plans. However, despite the widespread prevalence of food allergies in schools, there is little research on the use of Section 504 plans to support food allergic students. A study examining whether principals understand that students with severe food allergies are eligible for a Section 504 plan would be useful. A study examining the prevalence of Section 504 plans to support food allergic students would be useful as well. Finally, a study reviewing how Section 504 plans can be used effectively in schools to support food allergic students would be beneficial.

Parents' Perspective on School Experience of Food Allergic Students

The literature review detailed the ramifications of having food allergies for children and their families. It detailed studies on the psychological impact on students and their families. This included research on how parents feel when their food allergic child starts school, including the anxiety that is often part of this experience. However, there is very little research focused on the perspective of parents of students with food allergies beyond these feelings of anxiety. A study examining parent's perspectives on how food allergies impact their child's experience at school would help schools better understand parents' perspectives. A study focused on

investigating what families of food allergic students believe are the supports necessary to support these children would help schools be better prepared to support these students.

Principals' Understanding of Food Allergies

This study focused on a principal committed to serving the needs of food allergic students. A study reviewing how food allergies are currently being addressed at typical schools would provide insight into how these needs are generally met, or perhaps are not being met. There are studies detailing the prevalence of allergic reactions in schools, as well as school nurses work to support food allergic students. However, there is little research into principals' perspectives on food allergies, including their general level of knowledge and understanding. There is no research I could find that studied how principals are currently addressing allergies in their school. These potential studies would connect to my study, perhaps finding a contrast between what is happening in a typical school building to one with a principal that has made addressing the needs of food allergic students a priority.

Children's Perspective on Living With Food Allergies in a School Setting

Perhaps the most important suggested study is one that seeks to gain better understanding on how children with food allergies feel about attending school with food allergies. There are studies focused on the psychological impacts of food allergies on students, including anxiety. There are studies that examine the rates of bullying of students with food allergies, with most studies relying on their parents' perspectives of whether their child has been bullied. However, my review of literature found little examination of children's perspective on their daily life as a child with food allergies. Research focused on children is difficult, and must be carefully considered and must be very thoughtful in its research methods. However, an examination of the

perspectives of children with food allergies might help the adults entrusted to lead their school experience be better prepared to serve their needs.

Summary

This study was important because it was the first to examine how school leaders support students with food allergies. Our schools are filled with children with food allergies, with a wide range of the severity of these allergies. The rates of children with food allergies are currently increasing, and this is likely to put further demands on schools to ensure they are meeting this need. Schools must be prepared to support these students. This study has shown the leadership of principals matters, it changes the daily experience of food allergic students. Principals must develop a plan for their school, this plan must be inclusive, sustainable and include practices and policies that meet the needs of food allergic students. Principals must educate themselves on the needs of students with food allergies, and provide professional development and educational opportunities for all the stakeholders in their community. Hopefully, this study is the first of many examining the practices and actions of school leaders that best support these children.

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Appendix A

Study Information Sheet for Principals How Principals Support Students with Food Allergies

Title of Study: How Principals Support Students with Food Allergies

Researcher:

Timothy Dowling

Ed.D. Candidate at Indiana University in Educational Leadership Program

Phone: 347-724-7545

E-mail: tedowlin@indiana.edu

Supervising Researcher:

Dr. Janet Decker, Associate Professor at Indiana University

Phone: (812) 856-8375

Email: deckerjr@indiana.edu

Background:

You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being completed and what it will involve. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to understand how elementary principals support students with food allergies. To gather information about the principals, I am interviewing principals, teachers they supervise, nurses they supervise, cafeteria supervisors and parents of children with food allergies at each principal's school. I am also surveying all teachers supervised by the principals and conducting school observations.

Taking Part in This Study is Voluntary:

You may choose not to take part in this survey or may choose to leave the study at any time. Deciding not to participate, or deciding to leave the study later, will not result in any penalty or loss of benefits to which you are entitled and will not affect your relationship with your school corporation. Efforts will be made to keep information confidential. However, your personal information may be disclosed if required by law (e.g., researchers are legally obligated to report child abuse and neglect). No information which could identify you will be shared in the publications of this study.

Study Procedure:

Principals: The expected time commitment for you is 2 to 5 hours. You will be asked to sit for two interviews with the researcher and will be asked questions about the management of students with food allergies in your building. Each of the two interviews will last between 45 minutes

and 1 hour. You will also be asked to help recruit one or two teachers from their building for an interview and classroom observation. You will be asked to help recruit one or two parents for an interview, the school nurse for an interview, and the cafeteria supervisor for an interview. You will be asked to help coordinate an observation of the school's cafeteria during lunch. Finally, you will be asked to collaborate with the researcher in the collection of documents as part of the data collection. These might include district and school policies related to food (no documents will be collected that identify individual students).

Risks:

The risks of this study are minimal. There is some risk of embarrassment or discomfort while answering questions during the interviews of this study. Staff members may feel concerned about critiquing their supervisor and may feel that they, along with their school, are being evaluated. Potential breaches of confidentiality of all parties involved in the study is also a potential risk. These risks are similar to those you experience when disclosing information to others. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning pseudonyms for participants and locations that will be used on all researcher notes and documents.
- Notes, and interview transcriptions, and any other identifying participant information will be kept in a secure location that is password protected. All materials will be destroyed within one year of the completion of the study.
- The researcher and the two members of the researcher's dissertation committee may review the researcher's collected data. Information from this research will be used solely for the purpose of this study and any publication that may result from this study. All participants involved in this study will not be identified and their confidentiality will be maintained during the process.
- Each interviewed participant will receive a copy of their transcribed interview(s). The interviewed participants will be asked how they would like to receive these transcript (e.g., hard copy, via email). They will be asked to review and offer any corrections. This will be part of my efforts to ensure the validity of my data.

Benefits:

There may be no direct benefit to you for your participation in this study. You may benefit from learning more about students with food allergies. I hope that the information obtained from this study may help leaders, and others better understand how to support students with food allergies. There is no monetary compensation to you for your participation in this study

Confidentiality:

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. No information which could identify you will be shared in publications about this study. Interviews will be audio recorded in order for the Researcher to transcribe and analyze data. All transcripts

from the audio recordings will use pseudonyms for the school setting and study participants. Identifiable data will be stored online in a secure location that is password protected. Identifiable data will be destroyed one year following completion of the study.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

Future Use of Data:

Information for this study may be used for future research studies or shared with other researchers for future research. If this happens, information which could identify you will be removed before any information is shared. Since identifying information will be removed, we will not ask for your additional consent.

Questions or Problems:

For questions about the study, please contact my dissertation chair, Janet Decker, J.D., Ph.D. at deckerjr@indiana.edu or via phone at (812) 856 – 8375.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Subjects Office at 800-696-2949 or at irb@iu.edu.

You will not be paid or participation and there is no cost to you for taking part in the study. If you decide to participate in this study, you can change your mind and leave the study at any time. If you decide to withdraw, please submit your decision via e-mail to Tim Dowling at tedowlin@indiana.edu.

Appendix B

Study Information Sheet for Teachers Selected for an Interview How Principals Support Students with Food Allergies

Title of Study: How Principals Support Students with Food Allergies

Researcher:

Timothy Dowling

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E-mail: tedowlin@indiana.edu

Supervising Researcher:

Dr. Janet Decker, Associate Professor at Indiana University

Phone: (812) 856-8375

Email: deckerjr@indiana.edu

Background:

You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being completed and what it will involve. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to understand how elementary principals support students with food allergies. To gather information about the principals, I am interviewing principals, teachers they supervise, nurses they supervise, cafeteria supervisors and parents of children with food allergies at each principal's school. I am also surveying all teachers supervised by the principals and conducting school observations.

Taking Part in This Study is Voluntary:

You may choose not to take part in this survey or may choose to leave the study at any time. Deciding not to participate, or deciding to leave the study later, will not result in any penalty or loss of benefits to which you are entitled and will not affect your relationship with your school corporation. Efforts will be made to keep information confidential. However, your personal information may be disclosed if required by law (e.g., researchers are legally obligated to report child abuse and neglect). No information which could identify you will be shared in the publications of this study.

Study Procedure:

Teachers Selected for Interviews: The expected time commitment for you is 70 to 105 minutes. You will be asked to sit for one interview with the researcher that will last between 15 and 45 minutes and will be asked questions about your principal's support of students with food

allergies. You will also be asked to complete one survey which contains questions about your principal's support of students with food allergies. This survey should take between 10 and 15 minutes. I will ask to complete one observation of your classroom, lasting approximately 30 minutes. I anticipate teachers may spend another 15 minutes helping me collect documents for my study.

Risks:

The risks of this study are minimal. There is some risk of embarrassment or discomfort while answering questions during the interviews of this study. Staff members may feel concerned about critiquing their supervisor and may feel that they, along with their school, are being evaluated. Potential breaches of confidentiality of all parties involved in the study is also a potential risk. These risks are similar to those you experience when disclosing information to others. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning pseudonyms for participants and locations that will be used on all researcher notes and documents.
- Notes, and interview transcriptions, and any other identifying participant information will be kept in a secure location that is password protected. All materials will be destroyed within one year of the completion of the study.
- The researcher and the two members of the researcher's dissertation committee may review the researcher's collected data. Information from this research will be used solely for the purpose of this study and any publication that may result from this study. All participants involved in this study will not be identified and their confidentiality will be maintained during the process.
- Each interviewed participant will receive a copy of their transcribed interview(s). The interviewed participants will be asked how they would like to receive these transcript (e.g., hard copy, via email). They will be asked to review and offer any corrections. This will be part of my efforts to ensure the validity of my data.

Benefits:

There may be no direct benefit to you for your participation in this study. You may benefit from learning more about students with food allergies. I hope that the information obtained from this study may help leaders, and others better understand how to support students with food allergies. There is no monetary compensation to you for your participation in this study.

Confidentiality:

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. No information which could identify you will be shared in publications about this study. Interviews will be audio recorded in order for the Researcher to transcribe and analyze data. All transcripts from the audio recordings will use pseudonyms for the school setting and study participants.

Identifiable data will be stored online in a secure location that is password protected. Identifiable data will be destroyed one year following completion of the study.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

Future Use of Data:

Information for this study may be used for future research studies or shared with other researchers for future research. If this happens, information which could identify you will be removed before any information is shared. Since identifying information will be removed, we will not ask for your additional consent.

Questions or Problems:

For questions about the study, please contact my dissertation chair, Janet Decker, J.D., Ph.D. at deckerjr@indiana.edu or via phone at (812) 856 – 8375.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Subjects Office at 800-696-2949 or at irb@iu.edu.

You will not be paid or participation and there is no cost to you for taking part in the study. If you decide to participate in this study, you can change your mind and leave the study at any time. If you decide to withdraw, please submit your decision via e-mail to Tim Dowling at tedowlin@indiana.edu.

Appendix C

Study Information Sheet for Parents Selected for an Interview How Principals Support Students with Food Allergies

Title of Study: How Principals Support Students with Food Allergies

Researcher:

Timothy Dowling

Ed.D. Candidate at Indiana University in Educational Leadership Program

Phone: 347-724-7545

E-mail: tedowlin@indiana.edu

Supervising Researcher:

Dr. Janet Decker, Associate Professor at Indiana University

Phone: (812) 856-8375

Email: deckerjr@indiana.edu

Background:

You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being completed and what it will involve. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to understand how elementary principals support students with food allergies. To gather information about the principals, I am interviewing principals, teachers they supervise, nurses they supervise, cafeteria supervisors and parents of children with food allergies at each principal's school. I am also surveying all teachers supervised by the principals and conducting school observations.

Taking Part in This Study is Voluntary:

You may choose not to take part in this survey or may choose to leave the study at any time. Deciding not to participate, or deciding to leave the study later, will not result in any penalty or loss of benefits to which you are entitled and will not affect your relationship with your school corporation. Efforts will be made to keep information confidential. However, your personal information may be disclosed if required by law (e.g., researchers are legally obligated to report child abuse and neglect). No information which could identify you will be shared in the publications of this study.

Study Procedure:

Parents Selected for Interviews: The expected time commitment for you is 15 to 45 minutes. You will be asked to sit for one interview with the researcher and will be asked questions about the principal's support of your child with food allergies.

Risks:

The risks of this study are minimal. There is some risk of embarrassment or discomfort while answering questions during the interviews of this study. Staff members may feel concerned about critiquing their supervisor and may feel that they, along with their school, are being evaluated. Potential breaches of confidentiality of all parties involved in the study is also a potential risk. These risks are similar to those you experience when disclosing information to others. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning pseudonyms for participants and locations that will be used on all researcher notes and documents.
- Notes, and interview transcriptions, and any other identifying participant information will be kept in a secure location that is password protected. All materials will be destroyed within one year of the completion of the study.
- The researcher and the two members of the researcher's dissertation committee may review the researcher's collected data. Information from this research will be used solely for the purpose of this study and any publication that may result from this study. All participants involved in this study will not be identified and their confidentiality will be maintained during the process.
- Each interviewed participant will receive a copy of their transcribed interview(s). The interviewed participants will be asked how they would like to receive these transcript (e.g., hard copy, via email). They will be asked to review and offer any corrections. This will be part of my efforts to ensure the validity of my data.

Benefits:

There may be no direct benefit to you for your participation in this study. You may benefit from learning more about students with food allergies. I hope that the information obtained from this study may help leaders, and others better understand how to support students with food allergies. There is no monetary compensation to you for your participation in this study.

Confidentiality:

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. No information which could identify you will be shared in publications about this study. Interviews will be audio recorded in order for the Researcher to transcribe and analyze data. All transcripts from the audio recordings will use pseudonyms for the school setting and study participants. Identifiable data will be stored online in a secure location that is password protected. Identifiable data will be destroyed one year following completion of the study.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the Indiana

University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

Future Use of Data:

Information for this study may be used for future research studies or shared with other researchers for future research. If this happens, information which could identify you will be removed before any information is shared. Since identifying information will be removed, we will not ask for your additional consent.

Questions or Problems:

For questions about the study, please contact my dissertation chair, Janet Decker, J.D., Ph.D. at deckerjr@indiana.edu or via phone at (812) 856 – 8375.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Subjects Office at 800-696-2949 or at irb@iu.edu.

You will not be paid or participation and there is no cost to you for taking part in the study. If you decide to participate in this study, you can change your mind and leave the study at any time. If you decide to withdraw, please submit your decision via e-mail to Tim Dowling at tedowlin@indiana.edu.

Appendix D

Study Information Sheet for Nurses How Principals Support Students with Food Allergies

Title of Study: How Principals Support Students with Food Allergies

Researcher:

Timothy Dowling

Ed.D. Candidate at Indiana University in Educational Leadership Program

Phone: 347-724-7545

E-mail: tedowlin@indiana.edu

Supervising Researcher:

Dr. Janet Decker, Associate Professor at Indiana University

Phone: (812) 856-8375

Email: deckerjr@indiana.edu

Background:

You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being completed and what it will involve. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to understand how elementary principals support students with food allergies. To gather information about the principals, I am interviewing principals, teachers they supervise, nurses they supervise, cafeteria supervisors and parents of children with food allergies at each principal's school. I am also surveying all teachers supervised by the principals and conducting school observations.

Taking Part in This Study is Voluntary:

You may choose not to take part in this survey or may choose to leave the study at any time. Deciding not to participate, or deciding to leave the study later, will not result in any penalty or loss of benefits to which you are entitled and will not affect your relationship with your school corporation. Efforts will be made to keep information confidential. However, your personal information may be disclosed if required by law (e.g., researchers are legally obligated to report child abuse and neglect). No information which could identify you will be shared in the publications of this study.

Study Procedure:

Nurses Selected for Interviews: The expected time commitment for you is 30 minutes to 60 minutes. You will be asked to sit for one interview with the researcher that will last 15 to 45 minutes. You will be asked questions about your principal's support of students with food

allergies. I anticipate another 15 minutes of your time in helping me collect documents for my study.

Risks:

The risks of this study are minimal. There is some risk of embarrassment or discomfort while answering questions during the interviews of this study. Staff members may feel concerned about critiquing their supervisor and may feel that they, along with their school, are being evaluated. Potential breaches of confidentiality of all parties involved in the study is also a potential risk. These risks are similar to those you experience when disclosing information to others. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning pseudonyms for participants and locations that will be used on all researcher notes and documents.
- Notes, and interview transcriptions, and any other identifying participant information will be kept in a secure location that is password protected. All materials will be destroyed within one year of the completion of the study.
- The researcher and the two members of the researcher's dissertation committee may review the researcher's collected data. Information from this research will be used solely for the purpose of this study and any publication that may result from this study. All participants involved in this study will not be identified and their confidentiality will be maintained during the process.
- Each interviewed participant will receive a copy of their transcribed interview(s). The interviewed participants will be asked how they would like to receive these transcript (e.g., hard copy, via email). They will be asked to review and offer any corrections. This will be part of my efforts to ensure the validity of my data.

Benefits:

There may be no direct benefit to you for your participation in this study. You may benefit from learning more about students with food allergies. I hope that the information obtained from this study may help leaders, and others better understand how to support students with food allergies. There is no monetary compensation to you for your participation in this study.

Confidentiality:

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. No information which could identify you will be shared in publications about this study. Interviews will be audio recorded in order for the Researcher to transcribe and analyze data. All transcripts from the audio recordings will use pseudonyms for the school setting and study participants. Identifiable data will be stored online in a secure location that is password protected. Identifiable data will be destroyed one year following completion of the study.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

Future Use of Data:

Information for this study may be used for future research studies or shared with other researchers for future research. If this happens, information which could identify you will be removed before any information is shared. Since identifying information will be removed, we will not ask for your additional consent.

Questions or Problems:

For questions about the study, please contact my dissertation chair, Janet Decker, J.D., Ph.D. at deckerjr@indiana.edu or via phone at (812) 856 – 8375.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Subjects Office at 800-696-2949 or at irb@iu.edu.

You will not be paid or participation and there is no cost to you for taking part in the study. If you decide to participate in this study, you can change your mind and leave the study at any time. If you decide to withdraw, please submit your decision via e-mail to Tim Dowling at tedowlin@indiana.edu.

Appendix E

Study Information Sheet for School Employees (used for assistant principal) How Principals Support Students with Food Allergies

Title of Study: How Principals Support Students with Food Allergies

Researcher:

Timothy Dowling

Ed.D. Candidate at Indiana University in Educational Leadership Program

Phone: 347-724-7545

E-mail: tedowlin@indiana.edu

Supervising Researcher:

Dr. Janet Decker, Associate Professor at Indiana University

Phone: (812) 856-8375

Email: deckerjr@indiana.edu

Background:

You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being completed and what it will involve. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to understand how elementary principals support students with food allergies. To gather information about the principals, I am interviewing principals, teachers they supervise, nurses they supervise, cafeteria supervisors and parents of children with food allergies at each principal's school. I am also surveying all teachers supervised by the principals and conducting school observations.

Taking Part in This Study is Voluntary:

You may choose not to take part in this survey or may choose to leave the study at any time. Deciding not to participate, or deciding to leave the study later, will not result in any penalty or loss of benefits to which you are entitled and will not affect your relationship with your school corporation. Efforts will be made to keep information confidential. However, your personal information may be disclosed if required by law (e.g., researchers are legally obligated to report child abuse and neglect). No information which could identify you will be shared in the publications of this study.

Study Procedure:

School Employees: The expected time commitment for you is 15 minutes to 45 minutes. You will be asked to sit for one interview with the researcher and will be asked questions about your principal's support of students with food allergies.

Risks:

The risks of this study are minimal. There is some risk of embarrassment or discomfort while answering questions during the interviews of this study. Staff members may feel concerned about critiquing their supervisor and may feel that they, along with their school, are being evaluated. Potential breaches of confidentiality of all parties involved in the study is also a potential risk. These risks are similar to those you experience when disclosing information to others. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning pseudonyms for participants and locations that will be used on all researcher notes and documents.
- Notes, and interview transcriptions, and any other identifying participant information will be kept in a secure location that is password protected. All materials will be destroyed within one year of the completion of the study.
- The researcher and the two members of the researcher's dissertation committee may review the researcher's collected data. Information from this research will be used solely for the purpose of this study and any publication that may result from this study. All participants involved in this study will not be identified and their confidentiality will be maintained during the process.
- Each interviewed participant will receive a copy of their transcribed interview(s). The interviewed participants will be asked how they would like to receive these transcript (e.g., hard copy, via email). They will be asked to review and offer any corrections. This will be part of my efforts to ensure the validity of my data.

Benefits:

There may be no direct benefit to you for your participation in this study. You may benefit from learning more about students with food allergies. I hope that the information obtained from this study may help leaders, and others better understand how to support students with food allergies. There is no monetary compensation to you for your participation in this study.

Confidentiality:

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. No information which could identify you will be shared in publications about this study. Interviews will be audio recorded in order for the Researcher to transcribe and analyze data. All transcripts from the audio recordings will use pseudonyms for the school setting and study participants. Identifiable data will be stored online in a secure location that is password protected. Identifiable data will be destroyed one year following completion of the study.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

Future Use of Data:

Information for this study may be used for future research studies or shared with other researchers for future research. If this happens, information which could identify you will be removed before any information is shared. Since identifying information will be removed, we will not ask for your additional consent.

Questions or Problems:

For questions about the study, please contact my dissertation chair, Janet Decker, J.D., Ph.D. at deckerjr@indiana.edu or via phone at (812) 856 – 8375.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Subjects Office at 800-696-2949 or at irb@iu.edu.

You will not be paid or participation and there is no cost to you for taking part in the study. If you decide to participate in this study, you can change your mind and leave the study at any time. If you decide to withdraw, please submit your decision via e-mail to Tim Dowling at tedowlin@indiana.edu.

Appendix F

Study Information Sheet for Teachers Surveyed How Principals Support Students with Food Allergies

Title of Study: How Principals Support Students with Food Allergies

Researcher:

Timothy Dowling

Ed.D. Candidate at Indiana University in Educational Leadership Program

Phone: 347-724-7545

E-mail: tedowlin@indiana.edu

Supervising Researcher:

Dr. Janet Decker, Associate Professor at Indiana University

Phone: (812) 856-8375

Email: deckerjr@indiana.edu

Background:

You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being completed and what it will involve. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to understand how elementary principals support students with food allergies. To gather information about the principals, I am interviewing principals, teachers they supervise, nurses they supervise, cafeteria supervisors and parents of children with food allergies at each principal's school. I am also surveying all teachers supervised by the principals and conducting school observations.

Taking Part in This Study is Voluntary:

You may choose not to take part in this survey or may choose to leave the study at any time. Deciding not to participate, or deciding to leave the study later, will not result in any penalty or loss of benefits to which you are entitled and will not affect your relationship with your school corporation. Efforts will be made to keep information confidential. However, your personal information may be disclosed if required by law (e.g., researchers are legally obligated to report child abuse and neglect). No information which could identify you will be shared in the publications of this study.

Study Procedure:

Teachers not Interviewed that participate in Teacher Survey: The expected time commitment for you is 10 to 15 minutes. You will be asked to complete one online survey which contains questions about your principal's support of students with food allergies.

Risks:

The risks of this study are minimal. There is some risk of embarrassment or discomfort while answering questions during the interviews of this study. Staff members may feel concerned about critiquing their supervisor and may feel that they, along with their school, are being evaluated. Potential breaches of confidentiality of all parties involved in the study is also a potential risk. These risks are similar to those you experience when disclosing information to others. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning pseudonyms for participants and locations that will be used on all researcher notes and documents.
- Notes, and interview transcriptions, and any other identifying participant information will be kept in a secure location that is password protected. All materials will be destroyed within one year of the completion of the study.
- The researcher and the two members of the researcher's dissertation committee may review the researcher's collected data. Information from this research will be used solely for the purpose of this study and any publication that may result from this study. All participants involved in this study will not be identified and their confidentiality will be maintained during the process.
- Each interviewed participant will receive a copy of their transcribed interview(s). The interviewed participants will be asked how they would like to receive these transcript (e.g., hard copy, via email). They will be asked to review and offer any corrections. This will be part of my efforts to ensure the validity of my data.

Benefits:

There may be no direct benefit to you for your participation in this study. You may benefit from learning more about students with food allergies. I hope that the information obtained from this study may help leaders, and others better understand how to support students with food allergies. There is no monetary compensation to you for your participation in this study.

Confidentiality:

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. No information which could identify you will be shared in publications about this study. Interviews will be audio recorded in order for the Researcher to transcribe and analyze data. All transcripts from the audio recordings will use pseudonyms for the school setting and study participants. Identifiable data will be stored online in a secure location that is password protected. Identifiable data will be destroyed one year following completion of the study.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

Future Use of Data:

Information for this study may be used for future research studies or shared with other researchers for future research. If this happens, information which could identify you will be removed before any information is shared. Since identifying information will be removed, we will not ask for your additional consent.

Questions or Problems:

For questions about the study, please contact my dissertation chair, Janet Decker, J.D., Ph.D. at deckerjr@indiana.edu or via phone at (812) 856 – 8375.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Subjects Office at 800-696-2949 or at irb@iu.edu.

You will not be paid or participation and there is no cost to you for taking part in the study. If you decide to participate in this study, you can change your mind and leave the study at any time. If you decide to withdraw, please submit your decision via e-mail to Tim Dowling at tedowlin@indiana.edu.

Appendix G

Document Request Form

October XX, 2019

Dear [NAME]:

Thank you for the opportunity to collaborate with you on my study about how principals support students with food allergies. **I will not collect any documents with information that identifies a particular student.**

To ensure the success of this study, I am requesting assistance with the gathering of documents. I am most interested in reviewing these items if you have them. If not, please let me know:

- District policies related to food,
- School policies related to food,
- Classroom policies and any school communication about food allergies,
- Cafeteria documents related to food allergies,
- District Section 504 policies and district template for Section 504 plans (**must not contain information on individual students**),
- District Individualized Health Care Plan policies and district template for Individualized Health Care Plans (**must not contain information on individual students**).

You are also invited to provide any other documents you believe will help advance the purpose of the study. Thank you.

Please let me know if you have documents to share with me and I will ensure the safe and confidential collection of these documents. Please send them to me by [DATE] and send them to me at tedowlin@indiana.edu. I have provided the principals documentation demonstrating district approval to conduct this research in your district.

If you have any questions, do not hesitate to contact me at (347) 724-7545 or at tedowlin@iu.edu. If you have any concerns about the study, please contact my dissertation director, Janet Decker, J.D., Ph.D. at deckerjr@indiana.edu or via phone at (812) 856 – 8375.

Thank you again for your participation in this study.

Sincerely,

Tim Dowling
Doctoral Student
Educational Leadership, Indiana University

Appendix H

Shorter Case Study Interview Protocol (to use with principals with students with food allergies; first interview protocol)

Study: How principals support students with food allergies

Introduction

Thank you again for your agreeing to participate in this study.

As you might remember, the purpose of this study is to examine how principals support students with food allergies.

These interviews help me obtain more details about exactly what is occurring at your school, so please provide as many details as possible. During this 45 to 60-minute interview, I will ask you a series of questions. You are not required to answer any questions that make you uncomfortable. You may skip questions if you wish. After some questions, I may ask follow-up questions. These questions are for me to elicit more information and obtain clarification.

Now, let's move to the interview. I would like to audio record the interview so that I have a complete record of our conversation. To ensure confidentiality, I will use your pseudonym and redact any personally identifiable information revealed during the interview in transcripts of the interview. The recording and any associated documents will be destroyed at the conclusion of the study. May I have your permission to start the recording now?

Start recording – “Thank you for granting me permission to record. As mentioned, I’ll delete the recording at the completion of my study.”

Part 1: Understanding student’s food allergies

I would like to start by asking some questions about your experience working in education. Would that be ok? Before we start, I want to know that I am not interested in evaluating you, your faculty or staff, or your school. I am interested in learning more about your practice to inform my research on students with food allergies. I want to again reassure you that any information about you or your school will not be identifiable.

- 1) Tell me what do you like about your job?
- 2) How long have you been in education?
- 3) How long have you been a principal?
- 4) How long have you been a principal in an elementary setting?
- 5) How long have you been in your current building?
- 6) About how many students have you had that had food allergies?

- 7) What have you learned from your experiences of working with students with food allergies?
- 8) What have you observed in your school in regards to students with food allergies?
- 9) Have you noticed any changes, or trends in regards to students with food allergies in your school?
- 10) Is there something I should know about students with food allergies in your school before we move to more specific questions?

Part 2: Voluntary Guidelines for Principals

I would now like to ask questions about your actions as a principal related to your students with food allergies.

1. Please explain and provide examples of how you coordinate how the school manages students' food allergies?
 - a) Describe whether your school has any policies related to students with food allergies?
 - b) Describe whether the school has implemented school specific policies that support students with food allergies?
 - c) Describe whether your district has any policies related to students with food allergies?
 - d) Describe whether the school has implemented district policies that support students with food allergies?
 - e) Describe whether Section 504, Americans with Disabilities Act or any other federal or state laws, have impacted food allergic children experiences at your school?
 - f) Describe whether you have coordinated communication between a teacher and the parents of students with food allergies?
 - g) Describe whether you have coordinated communication between the school nurse and/or health aide and the parents of students with food allergies?
 - h) Describe whether you have coordinated communication between cafeteria staff and the parents of students with food allergies?
 - i) Describe whether you have coordinated communication between other staff members or teachers and the parents of students with food allergies?
 - j) Describe whether you have coordinated communication between teachers and staff members at your school about the needs of students with food allergies?
2. First, let's talk about the daily management of students with food allergies. Describe whether you are involved in the daily management of students with food allergies?
 - a) Describe whether you have been involved in creation of an Emergency Care Plan or Individual Health plan for your students with food allergies?

- b) Describe the drafting and implementation procedures for the use of Individual Health Plans at your school if they are used for students with food allergies.
 - c) Describe your thoughts on the use of Individual Health Plans at your school to meet the needs of food allergic students.
 - d) Describe whether the school's policies address how birthdays are celebrated in classrooms?
 - e) Describe whether food allergies are managed in the school's cafeteria?
 - f) Describe whether the cafeteria supervisor is involved in the management of food allergies in the cafeteria?
 - g) Describe whether the adult(s) in charge of supervising students while eating in the cafeteria are involved in the management of student's food allergies?
 - h) Describe whether you are involved in ensuring that food allergic students are not being bullied due to their food allergies?
3. Now, let's turn to emergency situations. Please detail your experiences in whether you respond to food allergy emergencies?
- a) Describe how your school prepares teachers to respond to these emergency events?
 - b) Describe how the school nurse responds to food allergy emergencies?
 - c) Describe whether other staff members, including specials teachers, office staff, aides and others respond to food allergy emergencies?
 - d) Describe whether the district trains bus drivers to prepare for food allergy emergencies?
 - e) Describe whether the school provides access to epinephrine auto-injectors (such as an EpiPen) for food emergencies for students who don't have a prescribed epinephrine auto-injector?
 - f) Describe whether the school plans to meet the needs of food allergic students while on field trips?
 - g) Describe whether the school plans to meet the needs of food allergic students during before and after school activities?
 - h) Describe whether the school plans to meet the needs of food allergic students during other extracurricular activities?
 - i) If a student of yours ever had a reaction at school, please describe whether the school communicated with the student's family regarding the emergency?
4. Now I would like to ask you about education and training opportunities that incorporate local health professionals. Can you detail whether you provide education and training to support the development of teachers and staff members in their work with food allergic students?
- a) Describe whether you coordinate the training of teachers and staff members with licensed health care professionals, such as nurses, doctors or the local health department?

5. Let's continue talking about educating the school community about food allergies. Please detail whether you educate students about food allergies?
 - a) Describe whether you educate parents and guardians about the needs of students with food allergies in the school?
 - b) Describe whether you educate community members about food allergies?
 - c) Describe whether you raise awareness of the needs of food allergic students?
6. I have only a few more questions. Let's now discuss creating a healthy environment for students with food allergies. Can you describe whether you work to create a healthy environment for food allergic students?
 - a) Describe whether you work to create a safe environment for students with food allergies?
 - b) Describe whether you create an inclusive environment for student with food allergies?
 - c) Describe whether you work to ensure equal access to activities for students with food allergies?
 - d) Describe whether the needs of students with food allergies are managed during fundraisers?
 - e) Describe whether the needs of students with food allergies are managed during other school wide events that include food, such as picnics?
7. My final few questions relate to any actions of yours that support students with food allergies that have not been discussed. Describe whether there are other any other areas where you provide leadership in support of students with food allergies which has not been discussed?
8. What else would you like to tell me about your role as principal and students food allergies?
9. Final question, what else would you like to tell me about your school and students' food allergies?

Closing

Thank you so much for your participation. This was a very interesting conversation.

Interview details

Date:

Time of Interview:

Location of interview:

Interviewee:

Interviewer:

Appendix I

Shorter Case Study Interview Protocol (to use with teachers with students with food allergies)

Study: How principals support students with food allergies

Introduction

Thank you again for your agreeing to participate in this study.

As you might remember, the purpose of this study is to examine how principals support students with food allergies. I am interested in your perspective because you work with a principal in the study.

These interviews help me obtain more details about exactly what is occurring at your school, so please provide as many details as possible. During this 15 to 45-minute interview, I will ask you a series of questions. You are not required to answer any questions that make you uncomfortable. You may skip questions if you wish. After some questions, I may ask follow-up questions. These questions are for me to elicit more information and obtain clarification.

Now, let's move to the interview. I would like to audio record the interview so that I have a complete record of our conversation. To ensure confidentiality, I will use your pseudonym and redact any personally identifiable information revealed during the interview in transcripts of the interview. The recording and any associated documents will be destroyed at the conclusion of the study. May I have your permission to start the recording now?

Start recording – “Thank you for granting me permission to record. As mentioned, I’ll delete the recording at the completion of my study.”

Part 1: Understanding student’s food allergies

I would like to start by asking some questions about your experience working in education. Would that be ok? Before we start, I want to know that I am not interested in evaluating you, your principal, or your school. I am interested in learning more about your principal’s practices in support of students with food allergies to inform my research. I want to again reassure you that any information about you, your principal, and your school will not be identifiable.

- 1) What do you like about your job?
- 2) How long have you been teaching?
- 3) How long have you been teaching with the current head principal?
- 4) What grade level do you teach?
- 5) What others grades have you taught?

- 6) About how many students have you had that had food allergies?
- 7) Please describe the type of food allergies.
- 8) What have you learned from your experience of working with students with food allergies?
- 9) What have you observed in your school in regards to students with food allergies?
- 10) Have you noticed any changes, or trends in regards to students with food allergies in your school?
- 11) Is there something I should know about students with food allergies in your school before we move to more specific questions?

Part 2: Voluntary Guidelines for Principals

I would now like to ask you questions about the actions of [PRINCIPAL'S NAME], and his/her actions related to your students with food allergies.

1. Please explain and provide examples of how [PRINCIPAL'S NAME] coordinates how the school manages students' food allergies?
 - a) Describe whether your school has any policies related to students with food allergies?
 - b) Describe whether the school has implemented school specific policies that support students with food allergies?
 - c) Describe whether your district has any policies related to students with food allergies?
 - d) Describe whether the school has implemented district policies that support students with food allergies?
 - e) Describe whether Section 504, Americans with Disabilities Act or any other federal or state laws, have impacted food allergic children experiences at school?
 - f) Describe whether [PRINCIPAL'S NAME] has coordinated communication between you and the parents of students with food allergies?
 - g) Describe whether [PRINCIPAL'S NAME] has coordinated communication between you and the school nurse and/or health aide?
 - h) Describe whether [PRINCIPAL'S NAME] has coordinated communication between you and other teachers and staff members?
2. First, let's talk about the daily management of students with food allergies. Describe whether [PRINCIPAL'S NAME] is involved in the daily management of students with food allergies?

- a) Describe whether [PRINCIPAL'S NAME] has been involved in creation of an Emergency Care Plan or Individual Health plan for your students with food allergies?
 - b) Describe the drafting and implementation procedures for the use of Individual Health Plans at your school if they are used for students with food allergies.
 - c) Describe your thoughts on the use of Individual Health Plans at your school to meet the needs of food allergic students.
 - d) Describe whether the school's policies address how birthdays are celebrated in classrooms?
 - e) Describe whether food allergies are managed in the school's cafeteria?
 - f) Describe whether [PRINCIPAL'S NAME] is working to ensure that food allergic students are not being bullied due to their food allergies?
3. Now, let's turn to emergency situations. Please detail your experiences in whether [PRINCIPAL'S NAME] responds to food allergy emergencies?
- a) Describe how your school prepares teachers to respond to these emergency events?
 - b) Describe how the school nurse responds to food allergy emergencies?
 - c) Describe whether other staff members, including specials teachers, office staff, aides and others respond to food allergy emergencies?
 - d) Describe whether the district trains bus drivers to prepare for food allergy emergencies?
 - e) Describe whether the school provides access to epinephrine auto-injectors (such as an EpiPen) for food emergencies for students who don't have a prescribed epinephrine auto-injector?
 - f) Describe whether the school plans to meet the needs of food allergic students while on field trips?
 - g) Describe whether the school plans to meet the needs of food allergic students during before and after school activities?
 - h) Describe whether the school plans to meet the needs of food allergic students during other extracurricular activities?
 - i) If a student of yours ever had a reaction at school, please describe whether the school communicated with the student's family regarding the emergency?
4. Now I would like to ask you about education and training opportunities that incorporate local health professionals. Can you detail whether [PRINCIPAL'S NAME] provides education and training to support the development of teachers and staff members in their work with food allergic students?
- a) Describe whether [PRINCIPAL'S NAME] coordinates training with licensed health care professionals, such as nurses, doctors or the local health department?

5. Let's continue talking about educating the school community about food allergies. Please detail whether [PRINCIPAL'S NAME] educates students about food allergies?
 - a) Describe whether [PRINCIPAL'S NAME] educates parents and guardians about the needs of students with food allergies in the school?
 - b) Describe whether [PRINCIPAL'S NAME] educates community members about food allergies?
 - c) Describe whether [PRINCIPAL'S NAME] raises awareness of the needs of food allergic students?
6. I have only a few more questions. Let's now discuss creating a healthy environment for students with food allergies. Can you describe whether [PRINCIPAL'S NAME] works to create a healthy environment for food allergic students?
 - a) Describe whether [PRINCIPAL'S NAME] works to create a safe environment for students with food allergies?
 - b) Describe whether [PRINCIPAL'S NAME] creates an inclusive environment for student with food allergies?
 - c) Describe whether [PRINCIPAL'S NAME] works to ensure equal access to activities for students with food allergies?
 - d) Describe whether the needs of students with food allergies are managed during fundraisers?
 - e) Describe whether the needs of students with food allergies are managed during other school wide events that include food, such as picnics?
7. My final few questions relate to any actions of your principal that support students with food allergies that have not been discussed. Describe whether there are other any other areas where [PRINCIPAL'S NAME] provides leadership in support of students with food allergies which has not been discussed?
8. What else would you like to tell me about [PRINCIPAL'S NAME] and students food allergies?
9. Final question, what else would you like to tell me about your school and students' food allergies?

Closing

Thank you so much for your participation. This was a very interesting conversation.

Interview details

Date:

Time of Interview:

Location of interview:

Interviewee:

Interviewer:

Appendix J

Shorter Case Study Interview Protocol (to use with parents of students with food allergies)

Study: How principals support students with food allergies

Introduction

Thank you again for your agreeing to participate in this study.

As you might remember, the purpose of this study is to examine how principals support students with food allergies. I am interested in your perspective because you have a child at a school where I am studying the principal.

These interviews help me obtain more details about exactly what is occurring at your school, so please provide as many details as possible. During this 15 to 45-minute interview, I will ask you a series of questions. You are not required to answer any questions that make you uncomfortable. You may skip questions if you wish. After some questions, I may ask follow-up questions. These questions are for me to elicit more information and obtain clarification.

Now, let's move to the interview. I would like to audio record the interview so that I have a complete record of our conversation. To ensure confidentiality, I will use your pseudonym and redact any personally identifiable information revealed during the interview in transcripts of the interview. The recording and any associated documents will be destroyed at the conclusion of the study. May I have your permission to start the recording now?

Start recording – “Thank you for granting me permission to record. As mentioned, I’ll delete the recording at the completion of my study.”

Part 1: Understanding student’s food allergies

I would like to start by asking some questions about your experience having a child with food allergies in a elementary school setting. Would that be ok? Before we start, I want to know that I am not interested in evaluating you, your child’s principal, or your child’s school. I am interested in learning more about your child’s principal’s practices in support of students with food allergies to inform my research. I want to again reassure you that any information about you, your child’s principal, and your child’s school will not be identifiable.

- 1) How is your day going?
- 2) How long has your child had food allergies and what are they allergic to?
- 3) How has having food allergies affected him/her in his/her classroom?
- 4) How has having food allergies impacted your child outside their classroom?

- 5) Are there other ways that your child's school experience has been impacted by their food allergies?
- 6) Has your child's food allergies impacted your relationship with the school?
- 7) What have you learned from your experience of having a child with food allergies in an elementary school setting?
- 8) What have you observed in your child's school in regards to students with food allergies?
- 9) Have you noticed any changes, or trends in regards to students with food allergies in your child's school?
- 10) Is there something I should know about students with food allergies in your child's school before we move to more specific questions?

Part 2: Voluntary Guidelines for Principals

I would now like to ask you questions about the actions of [PRINCIPAL'S NAME], and his/her actions related to your students with food allergies.

1. Please explain and provide examples of how [PRINCIPAL'S NAME] coordinates how the school manages students' food allergies?

- a) Describe whether your child's school has any policies related to students with food allergies?
 - b) Describe whether the school has implemented school specific policies that support students with food allergies?
 - c) Describe whether your child's district has any policies related to students with food allergies?
 - d) Describe whether the school has implemented district policies that support students with food allergies?
 - e) Describe whether Section 504, Americans with Disabilities Act or any other federal or state laws, has impacted how food allergies are addressed at your child's school?
 - f) Describe whether [PRINCIPAL'S NAME] has coordinated communication between you and your child's teacher(s)?
 - g) Describe whether [PRINCIPAL'S NAME] has coordinated communication between you and the school nurse or health aide?
 - h) Describe whether [PRINCIPAL'S NAME] has coordinated communication between you and other staff members?
2. First, let's talk about the daily management of students with food allergies. Describe whether [PRINCIPAL'S NAME] is involved in the daily management of students with food allergies?

- a) Describe whether [PRINCIPAL'S NAME] has been involved in creation of an Emergency Care Plan or Individual Health plan for your child with food allergies?
 - b) Describe the drafting and implementation procedures for the use of Individual Health Plans at your child's school if they are used for students with food allergies.
 - c) Describe your thoughts on the use of Individual Health Plans at your child's school to meet the needs of food allergic students.
 - d) Describe whether the school's policies address how birthdays are celebrated in classrooms?
 - e) Describe whether food allergies are managed in the school's cafeteria?
 - f) Describe whether [PRINCIPAL'S NAME] is working to ensure that food allergic students are not being bullied due to their food allergies?
- 3. Now, let's turn to emergency situations. Please detail your experiences in whether [PRINCIPAL'S NAME] responds to food allergy emergencies?
 - a) Describe how your school prepares teachers and staff to respond to these emergency events?
 - b) Describe whether the district trains bus drivers to prepare for food allergy emergencies?
 - c) Describe whether the school plans to meet the needs of food allergic students while on field trips?
 - d) Describe whether the school plans to meet the needs of food allergic students during before and after school activities?
 - e) Describe whether the school plans to meet the needs of food allergic students during other extracurricular activities?
 - f) If your child ever had a reaction at school, please describe whether the school communicated with you regarding the emergency?
- 4. Now I would like to ask you about education and training opportunities that incorporate local health professionals from outside the school. Can you detail whether [PRINCIPAL'S NAME] provides education and training to support the development of teachers and staff members in their work with food allergic students?
 - a) Describe whether [PRINCIPAL'S NAME] coordinates training with licensed health care professionals, such as outside nurses, doctors or the local health department?
- 5. Let's continue talking about educating the school community about food allergies. Please detail whether [PRINCIPAL'S NAME] educates students about food allergies?
 - a) Describe whether [PRINCIPAL'S NAME] educates parents and guardians about the needs of students with food allergies in the school?
 - b) Describe whether [PRINCIPAL'S NAME] educates community members about food allergies?

- c) Describe whether [PRINCIPAL'S NAME] raises awareness of the needs of food allergic students?
6. I have only a few more questions. Let's now discuss creating a healthy environment for students with food allergies. Can you describe whether [PRINCIPAL'S NAME] works to create a healthy environment for food allergic students?
- a) Describe whether [PRINCIPAL'S NAME] works to create a safe environment for students with food allergies?
 - b) Describe whether [PRINCIPAL'S NAME] creates an inclusive environment for student with food allergies?
 - c) Describe whether [PRINCIPAL'S NAME] works to ensure equal access to activities for students with food allergies?
 - d) Describe whether the needs of students with food allergies are managed during fundraisers?
 - e) Describe whether the needs of students with food allergies are managed during other school wide events that include food, such as picnics?
7. My final few questions relate to any actions of your principal that support students with food allergies that have not been discussed. Describe whether there are other any other areas where [PRINCIPAL'S NAME] provides leadership in support of students with food allergies which has not been discussed?
8. What else would you like to tell me about [PRINCIPAL'S NAME] and students food allergies?
9. Final question, what else would you like to tell me about your school and students' food allergies?

Closing

Thank you so much for your participation. This was a very interesting conversation.

Interview details

Date:

Time of Interview:

Location of interview:

Interviewee:

Interviewer:

Appendix K

Shorter Case Study Interview Protocol (to use with school nurses with students with food allergies)

Study: How principals support students with food allergies

Introduction

Thank you again for your agreeing to participate in this study.

As you might remember, the purpose of this study is to examine how principals support students with food allergies. I am interested in your perspective because you work with a principal in the study.

These interviews help me obtain more details about exactly what is occurring at your school, so please provide as many details as possible. During this 15 to 45-minute interview, I will ask you a series of questions. You are not required to answer any questions that make you uncomfortable. You may skip questions if you wish. After some questions, I may ask follow-up questions. These questions are for me to elicit more information and obtain clarification.

Now, let's move to the interview. I would like to audio record the interview so that I have a complete record of our conversation. To ensure confidentiality, I will use your pseudonym and redact any personally identifiable information revealed during the interview in transcripts of the interview. The recording and any associated documents will be destroyed at the conclusion of the study. May I have your permission to start the recording now?

Start recording – “Thank you for granting me permission to record. As mentioned, I’ll delete the recording at the completion of my study.”

Part 1: Understanding student’s food allergies

I would like to start by asking some questions about your experience working in nursing in a school setting. Would that be ok? Before we start, I want to know that I am not interested in evaluating you, your principal, or your school. I am interested in learning more about your principal’s practices in support of students with food allergies to inform my research. I want to again reassure you that any information about you, your principal, and your school will not be identifiable.

- 1) What do you like about your job?
- 2) How long have you been in the nursing field?
- 3) How long have you been working as a nurse in a school setting?
- 4) How long have you been working in your current school(s)?

- 5) How long have you been working with [PRINCIPAL'S NAME]?
- 6) About how many students have you had that had food allergies?
- 7) What types of food allergies have you had to work with (e.g. types of food, airborne)?
- 8) Describe how you organize medications, including epinephrine auto-injectors, for students with food allergies?
- 9) Describe whether epinephrine auto-injectors are available for students with no known food allergies (such as having a stock Epi-pen)?
- 10) What have you learned from your experiences of working with students with food allergies?
- 11) Describe how you would manage a food allergy with a student that does not have a Individualized Health Care plan or no known food allergies?
- 12) What have you observed in your school in regards to students with food allergies?
- 13) Have you noticed any changes, or trends in regards to students with food allergies in your school?
- 14) Is there something I should know about students with food allergies in your school before we move to more specific questions?

Part 2: Voluntary Guidelines for Principals

I would now like to ask you questions about the actions of [PRINCIPAL'S NAME], and his/her actions related to your students with food allergies.

1. Please explain and provide examples of how [PRINCIPAL'S NAME] coordinates how the school manages students' food allergies?
 - a) Describe whether your school has any policies related to students with food allergies?
 - b) Describe whether the school has implemented school specific policies that support students with food allergies?
 - c) Describe whether your district has any policies related to students with food allergies?
 - d) Describe whether the school has implemented district policies that support students with food allergies?
 - e) Describe whether Section 504, Americans with Disabilities Act or any other federal or state laws, have impacted food allergic children experiences at school?

- f) Describe whether [PRINCIPAL'S NAME] has coordinated communication between you and the parents of students with food allergies?
 - g) Describe whether [PRINCIPAL'S NAME] has coordinated communication between you and teachers?
 - h) Describe whether [PRINCIPAL'S NAME] has coordinated communication between you and other staff members?
- 2. First, let's talk about the daily management of students with food allergies. Describe whether [PRINCIPAL'S NAME] is involved in the daily management of students with food allergies?
 - a) Describe whether [PRINCIPAL'S NAME] has been involved in creation of an Emergency Care Plan or Individual Health plan for your students with food allergies?
 - b) Describe the drafting and implementation procedures for the use of Individual Health Plans at your school if they are used for students with food allergies.
 - c) Describe your thoughts on the use of Individual Health Plans at your school to meet the needs of food allergic students.
 - d) Describe whether the school's policies address how birthdays are celebrated in classrooms?
 - e) Describe whether food allergies are managed in the school's cafeteria?
 - f) Describe whether [PRINCIPAL'S NAME] is working to ensure that food allergic students are not being bullied due to their food allergies?
- 3. Now, let's turn to emergency situations. Please detail your experiences in whether [PRINCIPAL'S NAME] responds to food allergy emergencies?
 - a) Describe how your school prepares teachers to respond to these emergency events?
 - b) Describe how the school prepares you [the school nurse] to respond to food allergy emergencies?
 - c) Describe whether other staff members, including specials teachers, office staff, aides and others respond to food allergy emergencies?
 - d) Describe whether the district trains bus drivers to prepare for food allergy emergencies?
 - e) Describe whether the school provides access to epinephrine auto-injectors (such as an EpiPen) for food emergencies for students who don't have a prescribed epinephrine auto-injector?
 - f) Describe whether the school plans to meet the needs of food allergic students while on field trips?
 - g) Describe whether the school plans to meet the needs of food allergic students during before and after school activities?
 - h) Describe whether the school plans to meet the needs of food allergic students during other extracurricular activities?
 - i) If a student of yours ever had a reaction at school, please describe whether the school communicated with the student's family regarding the emergency?

4. Now I would like to ask you about education and training opportunities that incorporate local health professionals from outside the school. Can you detail whether [PRINCIPAL'S NAME] provides education and training to support the development of teachers and staff members in their work with food allergic students?
 - a) Describe whether [PRINCIPAL'S NAME] coordinates training with licensed health care professionals, such as outside nurses, doctors or the local health department?
5. Let's continue talking about educating the school community about food allergies. Please detail whether [PRINCIPAL'S NAME] educates students about food allergies?
 - a) Describe whether [PRINCIPAL'S NAME] educates parents and guardians about the needs of students with food allergies in the school?
 - b) Describe whether [PRINCIPAL'S NAME] educates community members about food allergies?
 - c) Describe whether [PRINCIPAL'S NAME] raises awareness of the needs of food allergic students?
6. I have only a few more questions. Let's now discuss creating a healthy environment for students with food allergies. Can you describe whether [PRINCIPAL'S NAME] works to create a healthy environment for food allergic students?
 - a) Describe whether [PRINCIPAL'S NAME] works to create a safe environment for students with food allergies?
 - b) Describe whether [PRINCIPAL'S NAME] creates an inclusive environment for student with food allergies?
 - c) Describe whether [PRINCIPAL'S NAME] works to ensure equal access to activities for students with food allergies?
 - d) Describe whether the needs of students with food allergies are managed during fundraisers?
 - e) Describe whether the needs of students with food allergies are managed during other school wide events that include food, such as picnics?
7. My final few questions relate to any actions of your principal that support students with food allergies that have not been discussed. Describe whether there are other any other areas where [PRINCIPAL'S NAME] provides leadership in support of students with food allergies which has not been discussed?
8. What else would you like to tell me about [PRINCIPAL'S NAME] and students food allergies?
9. Final question, what else would you like to tell me about your school and students' food allergies?

Closing

Thank you so much for your participation. This was a very interesting conversation.

Interview details

Date:

Time of Interview:

Location of interview:

Interviewee:

Interviewer:

Appendix L

Case Study Interview Protocol (to use with principals with students with food allergies, second interview protocol)

Study: How principals support students with food allergies

Introduction

Thank you again for your agreeing to participate in this study.

As you might remember, the purpose of this study is to examine how principals support students with food allergies.

These interviews help me obtain more details about exactly what is occurring at your school, so please provide as many details as possible. During this 45 to 60-minute interview, I will ask you a series of questions. You are not required to answer any questions that make you uncomfortable. You may skip questions if you wish. After some questions, I may ask follow-up questions. These questions are for me to elicit more information and obtain clarification.

Now, let's move to the interview. I would like to record the interview so that I have a complete record of our conversation. To ensure confidentiality, I will use your pseudonym and redact any personally identifiable information revealed during the interview in transcripts of the interview. The recording and any associated documents will be destroyed at the conclusion of the study. May I have your permission to start the recording now?

Start recording – “Thank you for granting me permission to record. As mentioned, I’ll delete the recording at the completion of my study.”

Part 1: Clarifying Questions from the First Interview

I would like to start by asking some questions about things that came up during our first interview, as well as during interviews with members of your faculty and staff, as well as parent interviews. Most of these first questions are to get more details about things mentioned during the interviews. Would that be ok? Before we start, I want to know that I am not interested in evaluating you, your faculty or staff, or your school. I am interested in learning more about your practice to inform my research on students with food allergies. I want to again reassure you that any information about you or your school will not be identifiable.

- 1) Several people mentioned letters that are sent home at the beginning of the year to parents in classrooms with students with food allergies. Did I understand correctly that this happens?
- 2) If the answer to question 1 is yes, follow up with, “please describe how these letters got started and provide more information about these letters and what information they contain.”

- 3) There was discussion of classrooms snacks during the interviews. I have several questions about specific things about snacks in your building. What is meant by a TBRI snack, do I have that right?
- 4) There was discussion of a Smart Snack program. Please tell me more about this program.
- 5) A few people mentioned snack exemptions. Please tell me more about this.
- 6) It was mentioned that teachers wipe down desks after snacks served in the classrooms. Is this classroom specific or is this a school-wide policy?
- 7) How do you manage snack time, or how would you manage snack time, in a classroom where a student can not be in the same room as their allergens?
- 8) Switching gears away from snacks in classrooms, my understanding is that a new policy was put in place that prohibited parents from bringing in fast food when they came to have lunch with their children. Please tell me more about this policy and how it got started.
- 9) What does student health and wellness impact decision making at your school?
- 10) I am not sure I have this right but I believe the program is called Character Ed, do I have that right. Can you tell me more about this program, including the purpose of this program?
- 11) You mentioned the Unified games in your interview. Please describe the importance of these games for you school community and why you have decided to make this a priority for your school.
- 12) Are there other ways your school promotes inclusivity?
- 13) Is there anything that you would like to share that has not been discussed before we move to more specific questions?

Part 2: Leadership

I would now like to ask questions about your views of leadership as an elementary school principal.

- 14) Principals have so much to manage as leaders. Please tell me what you believe are the most important priorities of a leader in an elementary school building.
- 15) As leaders, we often have mentors or other leaders that we have modeled ourselves after. Please describe any qualities of other leaders that you value.

- 16) As leaders we must prepare teachers to be prepared to manage a wide variety of student needs and priorities. As a leader, what do you believe are key elements to train and prepare teachers to meet these diverse and varied tasks?
- 17) In your opinion, what is needed to train teachers to follow school and district rules and policies?
- 18) What role does school and district policy have in the everyday experience of students in the classroom?
- 19) How do you balance the individual needs of a students with the needs of the other students in the classroom and school community?
- 20) What else should I know about your views of leadership before we move to the next section?

Part 3: Emerging Themes

- 21) I have completed a preliminary data analysis and have found five emerging themes that I believe relate to your leadership in support of students with food allergies. I would like to ask you about these emerging themes and get your thoughts on them. This could help support or refine my early analysis. However, before I share them, I would like to ask you what do you think are the most important leadership actions taken by a leader to support a student with food allergies?
- 22) Please describe why you think these are the most important leadership actions that support students with food allergies.
- 23) What else should I know about your view of leadership in support of students with food allergies?
- 24) My next set of questions will each relate to a emerging leadership theme that I believe are important to your support of students with food allergies. Please describe your view of the role Communication has in your support of students with food allergies?
- 25) Please describe your view of the role that defined Procedures and Expectations has in your support of students with food allergies?
- 26) Please describe your view of the role Inclusivity of all students has in your support of students with food allergies?
- 27) Please describe your view of the role Faculty and Staff Accountability has in your support of students with food allergies?
- 28) Please describe your view of the role as Designated Leader has in your support of students with food allergies? By this, it is clear in your school that you are actively

involved personally in leading the efforts to support students with food allergies.
Describe your view in why this is important in your efforts to meet the needs of food allergic students.

29) Second to last question, what else would you like to tell me about your leadership actions that support students with food allergies?

30) Final question, what else would you like to tell me about your school and students' food allergies?

Closing

Thank you so much for your participation. This was a very interesting conversation.

Interview details

Date:

Time of Interview:

Location of interview:

Interviewee:

Interviewer:

Appendix M

Study: How Principals Support Students With Food Allergies

Researcher: Tim Dowling

I invite you to please participate in this research study as part of my doctoral program at Indiana University. My study examines the principals' support of students with food allergies. I am interested in the teachers that these principals' supervise, which is why your participation is very important to my study. Please see attached Study Information Sheet. Every effort will be made by the researcher to preserve your confidentiality.

Survey for Teachers

If you are NOT a teacher, please do NOT complete this survey.

- 1) How long have you been teaching?
 - a) 0 -1 years
 - b) 2 – 5 years
 - c) 6 – 10 years
 - d) More than 10 years
- 2) How long have you been teaching with the current head principal?
 - a) 0 -1 years
 - b) 2 – 5 years
 - c) 6 – 10 years
 - d) More than 10 years
- 3) What grade level do you teach (circle all that apply)?
 - a) Pre-school
 - b) Kindergarten
 - c) First grade
 - d) Second grade
 - e) Third grade
 - f) Fourth grade
 - g) Fifth grade
 - h) Sixth grade
 - i) Other, including special education, music, art, physical education
- 4) How many of your students have over your career as a teacher had food allergies that you knew about?
 - a) 0
 - b) 1 – 5
 - c) 6-10

- d) More than 10
- 5) I am aware that my building's head principal has done the following **to support** students with food allergies (**select ALL that apply**):
- a) Developed building-level policies outlining procedures for students with food allergies.
 - b) Communicated district and school policies and practices for managing food allergies with teachers.
 - c) Ensured the implementation of district and school policies for managing food allergies.
 - d) Worked with appropriate staff to ensure completion of health forms and registration forms to identify students with food allergies.
 - e) Shared information about students with food allergies with appropriate staff.
 - f) I am not aware of anything that my principal has done to support students with food allergies.
- 6) I am aware that my building's head principal has done the following **to plan for the needs** of students with food allergies (**select ALL that apply**):
- a) Collaborated to create Emergency Care Plans or Individual Health plans for students with food allergies.
 - b) Developed a school policy or plan to address the use of food to celebrate student birthdays.
 - c) Collaborated with cafeteria staff to manage food allergies in the cafeteria.
 - d) Ensured that bus drivers were aware of student's food allergies.
 - e) Worked to ensure students with food allergies were protected while on field trips.
 - f) Addressed the needs of students with food allergies during before and/or after care.
 - g) Addressed the needs of students with food allergies during extracurricular activities.
 - h) Planned for the needs of students with food allergies during school-wide celebrations.
 - i) Monitored for the bullying of students with food allergies specifically do to their food allergies.
 - j) I am not aware of anything that my principal has done to plan for the needs of students with food allergies.
- 7) I am aware that my building's head principal has done the following **to prepare or respond to emergency situations** with students with food allergies (**select ALL that apply**):
- a) Ensured that responding to life-threatening food allergy reactions is part of school's approach to emergency planning
 - b) Made sure that parents of student's food allergies provide epinephrine auto-injectors to use in food allergy emergencies, if required in student's health plan.
 - c) Set up communication systems that are easy to use for staff who need to respond to food allergy reactions and emergencies.

- d) Prepare for food allergy reactions in students without a prior history of food allergies or anaphylaxis (life – threatening allergic reaction).
 - e) Made sure staff plan for the needs of students with food allergies during class field trips and during other extracurricular activities.
 - f) Contacted parents immediately after any suspected allergic reaction and after a child with a food allergy ingests or has contact with a food that may contain an allergen.
 - g) I am not aware of anything that my principal has done to prepare or respond to emergency situations with students with food allergies.
- 8) I am aware that my building's head principal has done the following to **provide professional development or raise awareness** in regards to the needs of students with food allergies (**select ALL that apply**):
- a) Made sure staff receive professional development and training on food allergies.
 - b) Made sure the school's curricular offerings including information about food allergies to raise awareness among students.
 - c) Communicated the school's responsibilities, expectations, and practices for managing food allergies to all parents through newsletters, announcements, and other methods.
 - d) Made sure students with food allergies have an equal opportunity to participate in all school activities and events.
 - e) Reinforced the school's rules that prohibit discrimination and bullying as they relate to students with food allergies.
 - f) Coordinated with licensed health care professionals to provide professional development on needs of students with food allergies.
 - g) I am not aware of anything that my principal has done to provide professional development or raise awareness in regards to students with food allergies.
- 9) I am aware that my building's head principal has done the following to **create a healthy, safe and inclusive environment for** students with food allergies (**select ALL that apply**):
- a) Ensured a healthy environment for students with food allergies, including providing for students mental and physical health.
 - b) Ensured a safe environment for students with food allergies (e.g., worked to minimize risk of allergic reactions).
 - c) Ensured an inclusive environment for students with food allergies (e.g., minimized bullying and teasing due to students having food allergies).
 - d) I am not aware of anything that my principal has done to create a healthy, safe, and inclusive environment for students with food allergies.
- 10) Please select ONE of the following:
- a) My principal has explained that students with food allergies may be eligible for legal protections (e.g., Section 504 plans).

- b) My principal has not discussed whether students with food allergies may be eligible for legal protections (e.g., Section 504 plans).
- c) I am unsure whether my principal has explained that students with food allergies may be eligible for legal protections (e.g., Section 504 plans).

11) My building's head principal

- a) is extremely supportive of students with food allergies.
- b) is somewhat supportive of students with food allergies.
- c) is neither supportive or unsupportive.
- d) is somewhat unsupportive.
- e) is extremely unsupportive.

12) What else would you like me to know about your principal's actions in response to students with food allergies?

“He is extremely competent, and his dedication to students is obvious. Mr. Dowling is very detail oriented, and is willing to go the extra mile to make certain that all aspects of his job responsibilities are fulfilled fully and efficiently.”

Chris Finley
Principal
Childs Elementary

“As a principal, he would quickly earn the trust and respect of the parents, students, faculty and staff. His fair and consistent manner would help create and nurture a positive school climate. In addition, I am confident that his daily actions and administrative style would foster a climate of shared decision-making as he would welcome input from all stakeholders.”

Mary Sudbury
Former Principal
Childs Elementary

Tim Dowling

Professional Profile

Experienced school administrator and teacher focused on providing instructional leadership that supports research-based teaching practices, practices that create and foster a safe learning community and leadership that promotes parental involvement

- Ed.D. in Educational Leadership from Indiana University November 2020
- Hold administrative K – 12 license; Master’s Degree in Educational Leadership
- Hold Master’s Degree in Elementary Education and Bachelor’s Degree in Mechanical Engineering
- Committed to being an enthusiastic and dynamic instructional leader
- Member of Instructional Design Cohort focusing on the Art and Science of teaching in Monroe County Community School Corporation
- Experienced in incorporating technology into elementary classrooms, including iPads, laptops and online applications
- Experienced eLearning presenter providing workshops focused on helping teachers incorporate technology into their curriculum

Education and Certifications

Ed.D. Educational Leadership

Indiana University, Bloomington, IN. 2020

M.S. Educational Leadership

Indiana University, Bloomington, IN. 2013

M.S. Elementary Education

Indiana University, Bloomington, IN. 2006

Bachelor of Science Mechanical Engineering

University of Notre Dame, Notre Dame, IN. 2000

Certifications

Indiana K-12 Administration.

Indiana Elementary Education.

Key Qualifications

Certified in Elementary Education (K-6) and Administration (K – 12)

Six years of experience as building level administrator

Seven years of elementary teaching experience at Childs Elementary School and one year of middle school teaching experience at Academy Prep Center for Education

Experience in providing eLearning workshops for Monroe County Community School Corporation

Mentored and supervised thirteen pre-service teachers, including two student teachers

“Mr. Dowling was extremely supportive He encouraged me to try new teaching techniques, while providing me with constructive criticism. ... I always felt I could go to Mr. Dowling with any questions I had about how to make my lessons more engaging to students.”

Katie Bollinger
Former Student Teacher

“...his work during the current school year with a first-year teacher at his grade level is the perfect example. Tim shares his units from years past, co-plans and collaborates with this colleague. He discusses strategies for both curricular issues and classroom behavior management in a way that instills confidence and independence. I’ve watched Tim truly listen to this young colleague and learn from him as well.”

Judy Williams
Teaching Librarian
Childs Elementary

Attendee of PLC at Work Hybrid Institute with Richard and Rebecca DuFour

Experienced Computer Educator

Experienced in incorporating technology into elementary classrooms, including implementing iPads in elementary classrooms and using My Big Campus, Prezi.com, Glogster.edu, Xtranormal.com, and other online applications to support student learning. School leader in assisting teachers with Skyward grading program.

Employment

Administrative Experience

- **Principal**, 2015 to 2020
Marlin Elementary, Bloomington, IN
- **Assistant Principal**, 2014 to 2015
Binford Elementary, Bloomington, IN

Teaching Experience

- **4th Grade Teacher**, 2008 to 2014
Childs Elementary, Bloomington, IN
- **6th Grade Teacher**, 2007 to 2008
Childs Elementary, Bloomington, IN
- **Student Teacher**, August to December 2006
Childs Elementary, Bloomington, IN
- **6th and 8th Grade Math and Science Teacher**, 2000 to 2001
Academy Prep Center for Education, St. Petersburg, FL

Professional Experience

Senior Salesman/Engineer, 2003 to 2005

Acme Metal Cap Co. Inc., Woodside, NY

- Supervised junior salesman and assisted in supervision of office staff, quality **control department and manufacturing floor employees**
- **Managed acquisition and inventory of raw materials**
- **Client contact for major sales accounts**

Junior Salesman/Engineer, 2001 to 2003

Acme Metal Cap Co. Inc., Woodside, NY

- **Designed new products and manufacturing dies**
- **Client contact for sales accounts**