



# **UNDERSTANDING SPECIAL DIET ACCOMMODATIONS FOR CHILD NUTRITION PROGRAMS**

**HELPING SCHOOLS,  
SPONSORS, AND PROVIDERS  
UNDERSTAND ACCOMMODATIONS  
FOR PARTICIPANTS WHO  
REQUEST A SPECIAL DIET**

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# Understanding Special Diet Accommodations for Child Nutrition Programs

Helping schools, sponsors\* and providers understand accommodations for participants who request a special diet.

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**\* The term "sponsor" used in this guidebook refers to school districts, institutions, childcare providers and family day care home sponsors participating in United States Department of Agriculture (USDA) Child Nutrition Programs (CNP) including the National School Lunch Program (NSLP), School Breakfast Program (SBP), Child and Adult and Care Program (CACFP) and the Summer Food Service Program (SFSP).**

Adapted from the Minnesota Department of Education

# Special Diet Requirements for Child Nutrition Programs

**Requirements:** Organizations that operate a federally funded Child Nutrition Program (CNP) must make reasonable substitutions to meals and/or snacks for participants who are considered to have a disability or medical need that restricts their diet. This is done on a case-by-case basis.

The most important thing for sponsors should be working with families to ensure equal access to program benefits for participants with disabilities.

## What Defines a Disability?

The Americans with Disabilities Act (ADA) Amendments Act of 2008 made important changes to the term disability to include any person with a physical or mental impairment that substantially limits one or more major life activities, including major bodily functions.

- **Major life activities** include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, bending, speaking, breathing, learning, reading, and concentrating.
- **Major bodily functions** include but are not limited to: functions of the immune system, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
- **Examples** include diabetes, Crohn's disease, Celiac disease, autism, and food allergies.

Food substitutions must be made for participants who are considered to have a disability that affects their diet.

## What Defines a Dietary Preference?

Dietary preferences **are not** considered medical conditions or disabilities and do not need to be accommodated.

These could include:

- Personal lifestyle choices (such as vegan, vegetarian, or organic)
- Religious choices (such as eliminating pork, beef, or eggs)
- General health concerns (such as a preference that a child eat a gluten-free diet because a parent believes it is better for the child)

If a sponsor chooses to accommodate a request due to a dietary preference, then they must ensure all meal pattern requirements are met for the meal to be eligible for reimbursement.

### For More Information:

[Accommodating Children with Disabilities in School Meal Programs \(USDA Guide\) SP 40-2017](#)

[Accommodating Children with Disabilities in School Meal Programs Questions and Answers \(USDA memo SP- 26-2017\)](#)

[Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program \(USDA memo's CACFP 14-2017, SFSP 10-2017\)](#)

# Special Diet Requirements for Child Nutrition Programs

## What is a Reasonable Modification?

The modification provided does not have to be the exact modification requested.

- Sponsors are not required to provide the specific brand names requested.
- Meal accommodations do not need to mirror item being substituted.  
*Example: If lasagna is on the menu, you are not required to provide a gluten free lasagna option for a participant with Celiac disease; you could provide beans and rice instead.*
- Sponsors are required to provide the participant a meal that is safe for them to eat, allowing them equal opportunity to participate in the program, but it does not need to be a different meal each day. It is best to provide variety, but some diets are too restrictive, and it may not be possible.
- To the extent possible, the meal or snack provided should follow the applicable USDA meal pattern.

## Making Everyone Welcome at Meals (Integrated Environment):

Sponsors are required to serve participants with special diet requests due to medical need in the most inclusive way.

*Example: a participant cannot be required to sit in another room during meal services.*

However, always balance safety with stigma when accommodating a severe anaphylactic food allergy. A separate table may be necessary to control exposure to the allergen.

## Steps to Get Started:

### ☐ **Step 1: Develop procedures for:**

- Parents, guardians, and participants to request special diet accommodations
- Getting required documentation
- Providing final written decision of the request
- Determining reasonable modifications
- Providing notice of nondiscrimination and accessible services, as outlined in 7 CFR 15b.7
- Receiving grievances and promptly resolving complaints

### ☐ **Step 2: Train staff and volunteers on:**

- All special diet procedures
- Legal and confidentiality requirements

### ☐ **Step 3: Assign a key staff person**

- All CNP with 15 or more employees must designate a **Section 504 Coordinator** who is responsible for ensuring compliance with all disability requirements.
- All CNP with less than 15 employees must still designate someone who can provide technical assistance for participants with special diet requests due to a medical need.

### ☐ **Step 4: Use a team approach**

- Create a team (including those involved with providing special diet accommodations and others trained in this area, such as food service staff, a registered dietitian and/or public health nurse).
- This team will work with the participant or their parent or guardian to review the request and develop a solution as quickly as possible.
- The team should develop policies and practices that allow for the special diet requests they most commonly encounter to be quickly and consistently addressed.
- The team should be advised that any medical information they get must be kept confidential.

## What Documentation is Required?

A **Special Diet Statement** is required if the special diet request results in a meal or snack that **does not fully meet meal pattern requirements**.

A special diet statement **must have** the following information to be considered complete:

- ✓ Food or allergen to be avoided
- ✓ Explanation of how exposure to the food or allergen would affect the participant
- ✓ Food(s) to be substituted
- ✓ Completed and signed by a state licensed Physician (MD or DO), Physician Assistant (PA), an Advanced Practice Care Nurse (such as a Nurse Practitioner NP) or Registered Dietitian (RD or RDN)

A Special Diet Statement template is available on the Michigan Department of Education website. Other documentation, such as a doctor's prescription, may be accepted if it contains all the required information noted above.

Registered dietitians signing a special diet statement should be part of the participant's healthcare team.

**Once a correct, complete Special Diet Statement is on file, meals with accommodations may be claimed for reimbursement, even if the meal or snack does not meet meal pattern requirements.**

### What if the Special Diet Statement is not clear?

If the Special Diet Statement is not clear or does not fully explain the change needed, the sponsor must get clarification from a parent, guardian, or the medical personnel to provide a safe meal.

Before consulting with the medical personnel directly, sponsors must have the parent or guardian sign the Voluntary Authorization Section on the Special Diet Statement.

Sponsors may provide meal modifications to the best of their ability while waiting for a correctly completed Special Diet Statement to be provided for the participant.

The special diet statement does not need to be updated annually if the information still accurately reflects the participant's needs. Best practice is to confirm each year with family that the information is still correct.

### For More Information:

- [Food and Drug Administration's "Food Allergies: What you need to know"](#)
- [Institute for Child Nutrition's Food Allergy Fact Sheets](#)
- Food Allergy Research & Education: [www.foodallergy.org](http://www.foodallergy.org)
- [Requirement to Accept Medical Statements from Registered Dietitians \(USDA SP 07-2025, CACFP 07-2025\)](#)

# Special Diet Statement

## Why am I being asked to fill out this form?

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet.\* According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will be a disability.

Sponsors are not required to accommodate special dietary requests that are not a disability. This includes requests related to religious or moral convictions or personal preference. **If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.**

This form must be completed by a licensed physician, physician assistant, registered dietitian, or an advanced practice registered nurse, such as a certified nurse practitioner. **Updates to this form are required only when a participant's needs change.**

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-free milk without a physician's signature. Lactose-free milk served must meet meal pattern requirements for the program.

Submit this completed special diet statement to: \_\_\_\_\_

## Participant Information

Participant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Last/First/Middle Initial

Name of School/Center/Site Attended: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

## Required Information: Dietary Accommodation

1. What is the food to be avoided?

\_\_\_\_\_

2. Briefly explain how exposure to this food affects the participant:

\_\_\_\_\_

3. List foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	Foods to be Substituted

## Additional Information

☐ Texture Modification: ☐ Pureed ☐ Ground ☐ Bite-Sized Pieces ☐ Other: \_\_\_\_\_

☐ Tube Feeding Formula Name: \_\_\_\_\_

Administering Instructions: \_\_\_\_\_

Oral Feeding ☐ No ☐ Yes If yes, specify foods: \_\_\_\_\_

☐ Other Dietary Modification or Additional Instructions (Describe): \_\_\_\_\_

\*School Nutrition Program – 7 CFR 210.10(m), Child and Adult Care Food Program – 7 CFR 226.20 (g), Summer Food Service Program – 7 CFR 225.16(f)(4).

## Required Signature

This form must be signed by a licensed physician, physician assistant, registered dietitian, or advanced practice registered nurse such as a certified nurse practitioner. The medical person signing it should keep a copy of this document in his/her records.

Prescribing Authority Credentials (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Voluntary Authorization

**Note to Parent(s)/Guardian(s)/Participant:** You may allow the director of the school/center/site to talk with the medical person about this Special Diet Statement by signing the Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize \_\_\_\_\_  
**(physician/medical authority name)** to release such protected health information as is necessary for the specific purpose of Special Diet information to \_\_\_\_\_ **(program name)** and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. **Optional:** My permission to release this information will expire on \_\_\_\_\_ **(date)**. This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

OR Participant's Signature (Adult Day Care ONLY): \_\_\_\_\_

### USDA Non-Discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.



# School Nutrition Program Considerations

## How does Offer Versus Serve (OVS) work with Special Dietary concerns?

OVS allows students to decline some of the food offered in a reimbursable lunch or breakfast. The goals of OVS are to reduce food waste and to let students choose the foods they want to eat. For more information, see the [USDA Offer Versus Serve Manual](#).

Schools operating OVS must make sure children with special dietary needs due to a medical need can select all required food components for the meal.

*Example:* A child who has Celiac disease or a gluten intolerance must have a choice of a grain item that is gluten-free. The school may not use OVS to eliminate a specific food component for this child. The school must offer a grain substitute for a child who cannot eat gluten.

## What if a student has an Individualized Education Program (IEP)?

**Documentation:** If the child's IEP or 504 Plan includes the same information that is required in a Special Diet Statement, it is not necessary for the school to get a separate Special Diet Statement.

**Accommodations:** USDA does not require schools to provide meals to children with special dietary needs due to a medical need beyond the meals provided to other children. For instance, if the school does not have a breakfast program, schools are not required to begin participating in the School Breakfast Program or to provide a breakfast meal exclusively for a child with special dietary needs.

However, any nutrition-related services included in a child's IEP or 504 Plan deemed necessary for the child to receive a free appropriate public education must be provided by the school. In the example above, if the child's IEP states they need a breakfast meal, this must be provided, even if the school does not participate in the School Breakfast Program.

## How do I cover the costs?

Sponsors (NSLP, CACFP and SFSP) will not receive additional reimbursement to cover the extra costs sometimes associated with providing special diet accommodations.

If the special diet request is due to a medical need, the school cannot charge the student more than they charge other students for the same meal or snack. However, schools may use funds from the nonprofit school food service account, the general fund, or special education funds (if specified in the child's IEP) to cover these additional costs.

**Note:** Sponsors with contracted and/or vended meals must include language about accommodating special diet requests. Check your contract language.



## Dietary Preference Request Form

This form can be used to request dietary preferences not related to a medical need or disability. Keep in mind that:

- Sponsors are encouraged but not required to make reasonable dietary requests for a participant who does not have a medical need or disability.
- The dietary changes made **must still meet** Child and Adult Care Food Program (CACFP), National School Lunch Program (NSLP) or School Breakfast Program (SBP) meal pattern requirements.
- If the participant has a medical need or disability that restricts their diet they should complete the [Special Diet Statement](#).

### Participant Information

Participant's Name: Last/First \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of Center/School/Home: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name (if applicable) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

### Participant Status (check one):

- \_\_\_ Participant does not have a medical need or disability but is requesting a dietary change based on a dietary preference.
- \_\_\_ Participant does not have a medical need or disability, but is requesting that they be served an [approved fluid milk substitute](#) in place of cow's milk.

Indicate reason for fluid milk substitute: \_\_\_\_\_

### Dietary Accommodations

1. State the preferred dietary accommodation:

\_\_\_\_\_

List specific foods to be left out and replaced. Attach a sheet with additional instructions as needed.

Foods to be left out	Food to be replaced

### Signature

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The signature of a parent, guardian, caregiver or adult participant is sufficient for a request for an approved fluid milk substitute.

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## Beverage Options in School Nutrition Programs

**NOTE:** The guidance provided below **does not** apply when a complete Special Diet Statement is submitted and on file for a participant. In that case, the sponsor must accommodate the diet ordered. If the diet ordered for a meal or snack does not meet meal pattern requirements, the sponsor can still claim the meal or snack for reimbursement. See [USDA Memo SP 01-2025](#) for more specific information on fluid milk requirements for School Meals.

**School Food Authorities participating in the Child and Adult Care Food Program, At-Risk Afterschool Meals, or Summer Food Service Program need to follow guidance for whichever meal pattern is being used.**

Program	Fluid Milk Substitute (FMS)	Non-Dairy Milk Alternatives (e.g., Almond, Coconut, Rice, a non-creditable soy beverage)	Lactose-Free Milk, Lactose-Reduced Milk	Whole Milk, 2% Milk	Water & Juice
<b>School Nutrition Programs—School Breakfast/National School Lunch Program, Special Milk Program, Afterschool Snack Service Program.</b>	<p><b>Allowed.</b></p> <p>School Food Authorities opting to provide an FMS that meets USDA’s criteria must get a written request from a parent, guardian or medical authority that includes the medical or other special dietary reason for the substitution.</p> <p>Note: only an unflavored FMS can be offered to children 1 through 5 years old.</p>	<p><b>Not allowed.</b></p> <p>A non-dairy milk alternative that is not nutritionally equivalent to cow’s milk cannot be used as a replacement for milk in a reimbursable meal. A signed medical statement is required to serve it as a replacement for cow’s milk.</p> <p>However, a non-dairy milk alternative may be offered as an <b>extra</b> beverage (that will not credit) but must be included in the total weekly averages for calories, sodium, and fat, ensuring that the maximums for each are not exceeded.</p>	<p><b>Allowed.</b></p> <p>Lactose-free milk and lactose-reduced milk are cow’s milk that contains no lactose or milk sugar. Since lactose-free milk is cow’s milk, it can be served as milk in a reimbursable meal or snack.</p> <p>School Food Authorities <b>must</b> provide a lactose reduced or lactose free milk option to a student when a written request is submitted by a parent, guardian, or medical authority. A Special Diet Statement is not required.</p>	<p><b>Not allowed.</b></p> <p>However, whole milk or 2% milk may be offered as an <b>extra</b> beverage (that will not credit) but must be included in the total weekly averages for calories, sodium, and fat, ensuring that the maximums for each are not exceeded.</p> <p>If serving children 12-23 months of age, follow the guidance under CACFP for the service of whole milk and 2% milk.</p>	<p><b>Not allowed.</b></p> <p>Water or 100% juice cannot be used as a replacement for milk in a reimbursable meal.</p> <p>However, water or 100% juice may be offered as an <b>extra</b> beverage (that will not credit) but must be included in the total weekly averages for calories, sodium, and fat, ensuring that the maximums for each are not exceeded.</p> <p>USDA requires that water be available during meal services.</p>

# Beverage Options in the Child & Adult Care Food Programs

NOTE: The guidance provided below **does not** apply when a complete Special Diet Statement is submitted and on file for a participant. In that case, the sponsor must accommodate the diet ordered. If the diet ordered for a meal or snack does not meet meal pattern requirements, the sponsor can still claim the meal or snack for reimbursement.

**School Food Authorities participating in the Child and Adult Care Food Program, At-Risk Afterschool Meals, or Summer Food Service Program need to follow guidance for whichever meal pattern is being used.**

**Reminder: Only unflavored beverages which includes cow's milk, fluid milk substitutes, lactose-free milk, etc., may be offered to children 5 years old and younger. A flavored beverage may be offered to children age 6 and older.**

Program	Fluid Milk Substitute (FMS)	Non-Dairy Milk Alternatives (e.g., Almond, Coconut, Rice, a non-creditable soy beverage)	Lactose-Free Milk	Whole Milk	Water & Juice
<b>Child and Adult Care Food Program (CACFP)</b>	<p><b>Allowed.</b></p> <p>CACFP sponsors or providers <b>choosing to provide</b> an FMS that meets USDA's criteria must get a written request from a parent, guardian or medical authority that includes the medical or other special dietary reason for the substitution.</p> <p>If the sponsor or provider chooses <b>not to provide</b> a FMS, the parent or guardian may provide a FMS that meets USDA's criteria and the sponsor or provider may claim all meals/snacks that include the parent-provided FMS for reimbursement.</p>	<p><b>Not allowed.</b></p> <p>A non-dairy milk alternative that is not nutritionally equivalent to cow's milk cannot be used as a replacement for milk in a reimbursable meal or snack.</p> <p>Sponsors or providers may offer a non-dairy milk alternative as an <b>extra</b> beverage, but it cannot credit as cow's milk in a reimbursable meal or snack. In addition, sponsors may not use CACFP reimbursement to pay for any non-dairy milk alternate.</p> <p>A parent or guardian can choose to supply a non-dairy milk alternative but the center or provider can only claim meals/snacks for the participant if there is a Special Diet Statement on file for the participant that supports the need for this beverage.</p>	<p><b>Allowed.</b></p> <p>Lactose-free milk is cow's milk that contains no lactose or milk sugar. Since lactose-free milk is cow's milk, it can be served as milk in a reimbursable meal or snack.</p> <p>Parents/guardians do not need to submit a written request and schools/sponsors/providers can choose to provide or not provide a lactose-free milk.</p> <p>If the sponsor or provider chooses not to supply the lactose free milk the parent or guardian can supply this beverage and the sponsor or provider may claim all meals/snacks that include the parent-provided lactose-free or reduced beverage for reimbursement.</p>	<p><b>Allowed for children 12-23 months of age.</b></p> <p>Unflavored whole milk must be served to toddlers 12 through 23 months of age. Iron-fortified formula may be served to children between the ages of 12 months and 13 months to help with the transition to whole milk.</p> <p>A center or provider may elect to offer children age 24 to 25 months of age (for only one month) unflavored whole milk to help with their transition to unflavored 1% or skim milk.</p>	<p><b>Not allowed.</b></p> <p>Water or 100% juice cannot be used as a replacement for milk in a reimbursable meal.</p> <p>However, USDA requires that water be offered throughout the day to participants.</p> <p>100% Juice can be offered only once in a day across all approved meal services offered.</p>

# Beverage Options in the Summer Food Service Program

NOTE: The guidance provided below **does not** apply when a complete Special Diet Statement is submitted and on file for a participant. In that case, the sponsor must accommodate the diet ordered. If the diet ordered for a meal or snack does not meet meal pattern requirements, the sponsor can still claim the meal or snack for reimbursement.

**School Food Authorities participating in the Child and Adult Care Food Program, At-Risk Afterschool Meals, or Summer Food Service Program need to follow guidance for whichever meal pattern is being used.**

Program	Fluid Milk Substitute (FMS)	Non-Dairy Milk Alternatives (e.g., Almond, Coconut, Rice, a non-creditable soy beverage)	Lactose-Free Milk	Whole Milk/2% Milk	Water & Juice
<b>Summer Food Service Program (SFSP)</b>	<p><b>Allowed.</b></p> <p>Only School Food Authorities that follow the School Breakfast/National School Lunch meal patterns for SFSP may offer a FMS, upon request, that meets USDA standards and credit it as milk.</p> <p><b>Not Allowed.</b></p> <p>Non-School Food Authority sponsors may <b>not</b> offer an FMS to replace milk in a reimbursable meal or snack. However, an FMS can be offered as an <b>extra</b> food item in the meal but may not be credited as milk. Also, SFSP funds cannot be used to purchase the FMS. See page 19 of the “Nutrition Guide for Summer Food Service Program” for more information.</p>	<p><b>Not Allowed.</b></p> <p>Sponsors may offer milk alternatives as an extra item, but may not credit them as milk and may not use SFSP reimbursement to pay for the cost of the product.</p>	<p><b>Allowed.</b></p> <p>Lactose-free milk is cow’s milk that contains no lactose or milk sugar. Since lactose-free milk <b>is</b> cow’s milk it can be served as milk in a reimbursable meal or snack.</p>	<p><b>Allowed.</b></p> <p>Sponsors may offer whole or 2% only if following the SFSP meal pattern, though low-fat/fat-free options are encouraged.</p>	<p><b>Not Allowed.</b></p> <p>Water or juice cannot be used as a replacement for milk in a reimbursable meal or snack.</p>

# Fluid Milk Substitutions

## CHILD NUTRITION PROGRAMS

### What is the Documentation Required?

- **Lactose-free/ lactose-reduced milk** (fat free or low fat)
  - Does not require a doctor's note. It can be a written parent request.
  - When served to children 1-5 years old, it must be unflavored.
- **Plant based milk**
  - **Not nutritionally equal to cow's milk:** must be prescribed by a state licensed Physician (MD or DO), Physician Assistant (PA), an Advanced Practice Care Nurse (such as a Nurse Practitioner NP) or Registered Dietitian (RD or RDN), for reasons of disability OR included in an IEP/504 Plan.
  - **Nutritionally equal to cow's milk:** must be requested by parent/guardian.

### What is Nutritionally Equal to Cow's Milk?

Sponsors must ensure plant-based milk substitutions meet the nutrient content below. If the amounts are the same or more, the beverage is creditable.

Nutrients	Per Cup (8 fluid oz.)
Protein	8 grams
Calcium	276 mg
Vitamin A	500 IU or 150 mcg
Vitamin D	100 IU or 2.5 mcg
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	.44 mg
Vitamin B-12	1.1 mcg

### What are Non-Creditable Non-Dairy Beverages?

Almond, cashew, coconut, hemp, oat, banana, and rice milks do not contain enough protein to be a creditable non-dairy beverage. Water and juice are also not creditable non-dairy beverages. Non-creditable non-dairy beverages cannot be served as a milk substitution without a valid medical statement.

# Creditable Non-Dairy Beverages

These plant-based milks meet the USDA nutrient requirements for fluid milk substitutes. Sponsors are responsible for ensuring the product served meets nutrient requirements (even if on this list).

Unflavored Options	Image	Flavored Options	Image
Great Value, Original Soymilk		Flavored non-dairy beverages may only be served to children 6 years and older and adults.	
8 <sup>th</sup> Continent, Original Soymilk			
Sunrich Naturals, Organic Original Soymilk		Sunrich Naturals, Organic Vanilla Soymilk 8 oz. and 32 oz. containers	
Kikkoman Pearl, Organic Smart Original Soymilk 8 oz. container only		Kikkoman Pearl, Organic Smart Creamy Vanilla and Creamy Chocolate 8 oz. container only	
Ripple, On-the-Go Original 8 oz. container Original Shelf Stable 32 oz. container		Ripple, On-the-Go Chocolate or Vanilla, 8 oz. container Chocolate Shelf Stable 32 oz. container	
Westsoy, Original Plus Plain Soymilk		Westsoy, Original Plus Vanilla Soymilk	
Silk, Original Soymilk		Silk, Chocolate and Very Vanilla Soymilk 8 oz. container only	
Pacific, Ultra Soy Original		Note: Products are not endorsed by the Michigan Department of Education (MDE).	

Adapted from the Wisconsin Department of Public Instruction

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February 2025