

Special Diet Best Practices

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OFFICE HEALTH AND NUTRITION SERVICES

MICHIGAN DEPARTMENT OF EDUCATION

MICHIGAN SCHOOL BUSINESS OFFICIALS 2024 CONFERENCE



Special Dietary Needs

Special Diet Requirements



Make reasonable substitutions to meals/snacks for participants who are considered to have a disability or medical need that restricts their diet.

Approach on a case-by-case basis.

Work with families to ensure equal access to meals.

Special Dietary Guide



Disability vs. Dietary Preference

Disability	Dietary Preference(s)
<p>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. Accommodation requests for a disability <u>must be honored.</u></p> <p>Examples: Food allergies, food intolerances, celiac disease, and inborn errors of metabolism (i.e., PKU).</p>	<p>Dietary preferences are <u>not</u> considered medical conditions or disabilities and do not need to be accommodated. 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.</p> <p>Examples: Vegan, Vegetarian, Organic, Religious Choices, or General Health Choices.</p>

Disability-Related Special Diet Accommodations

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) or an Advanced Practice Care Nurse (such as a Nurse Practitioner NP)

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 constitute 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, 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 Full Name: _____
Date of Birth: _____ Today's Date: _____
Name of School/Center/Site Attended: _____
Parent/Guardian Name: _____
Home Phone Number: _____ Work Phone Number: _____

Required Information: Dietary Accommodation

1. List 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).

Special Diet Statement

Front page of form

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Oral Feeding: ☐ No ☐ Yes If yes, specify foods: _____

☐ Other Dietary Modification or Additional Instructions (Describe): _____

Special Diet Statement (continued)

Back of form

Required Signature

This form must be signed by a licensed physician, physician assistant, 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): _____

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) (https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: [How to File a Complaint](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary of Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.



SNP Considerations

Offer vs Serve and Special Dietary concerns

What if a student has an IEP?

Additional food costs

Fluid Milk Substitutions

Fluid Milk Substitute Nutrient Requirements	
Nutrient	Per cup (8 fl. oz.)
Calcium	276 mg.
Protein	8 g.
Vitamin A	500 IU.
Vitamin D	100 IU.
Magnesium	24 mg.
Phosphorus	222 mg.
Potassium	349 mg.
Riboflavin	0.44 mg.
Vitamin B-12	1.1 mcg.









No medical statement: MUST substitute nutritionally comparable beverage in place of cow's milk to qualify as a reimbursable meal

Lactose Free Milk

Fluid Milk Substitute

Yes, Medical statement is on hand indicating disability requires child have a substitute that does not meet the nutrition requirements will still qualify as a reimbursable meal.

Fluid Milk Substitutes

Unflavored			
8th Continent Original Soymilk 	Kikkoman Pearl Organic Soymilk Smart Original 	Kirkland Organic Original Soymilk 	Ripple Original Non-Soy Dairy Substitute 
Silk Original Soymilk 	Sunrich Naturals Organic Original Soymilk 	Walmart Great Value Original Soymilk 	Westsoy Original Plus Plain Soymilk 

Fluid Milk Substitutes (continued)

Flavored		
8th Continent Vanilla Soymilk 	Kikkoman Pearl Organic Soymilk Smart Creamy Vanilla 	Kikkoman Pearl Organic Soymilk Smart Creamy Chocolate 
Ripple Vanilla or Chocolate Non-Soy Dairy Substitute 	Sunrich Naturals Organic Vanilla Soymilk 	Westsoy Original Plus Vanilla Soymilk 

Note: Flavored non-dairy beverages may only be served to children 6 years and older and adults

Does the Meal Pattern Need to be Met When Making Accommodations?

NO

If accommodating a special dietary need and medical statement information is complete, the meal pattern does not need to be met for a meal to be reimbursable (try when possible)

YES

If accommodating a preference or non-disability, the meal pattern must be met.

Meals that do not meet the meal pattern are not eligible for reimbursement unless supported by a complete medical statement.

Clarifications

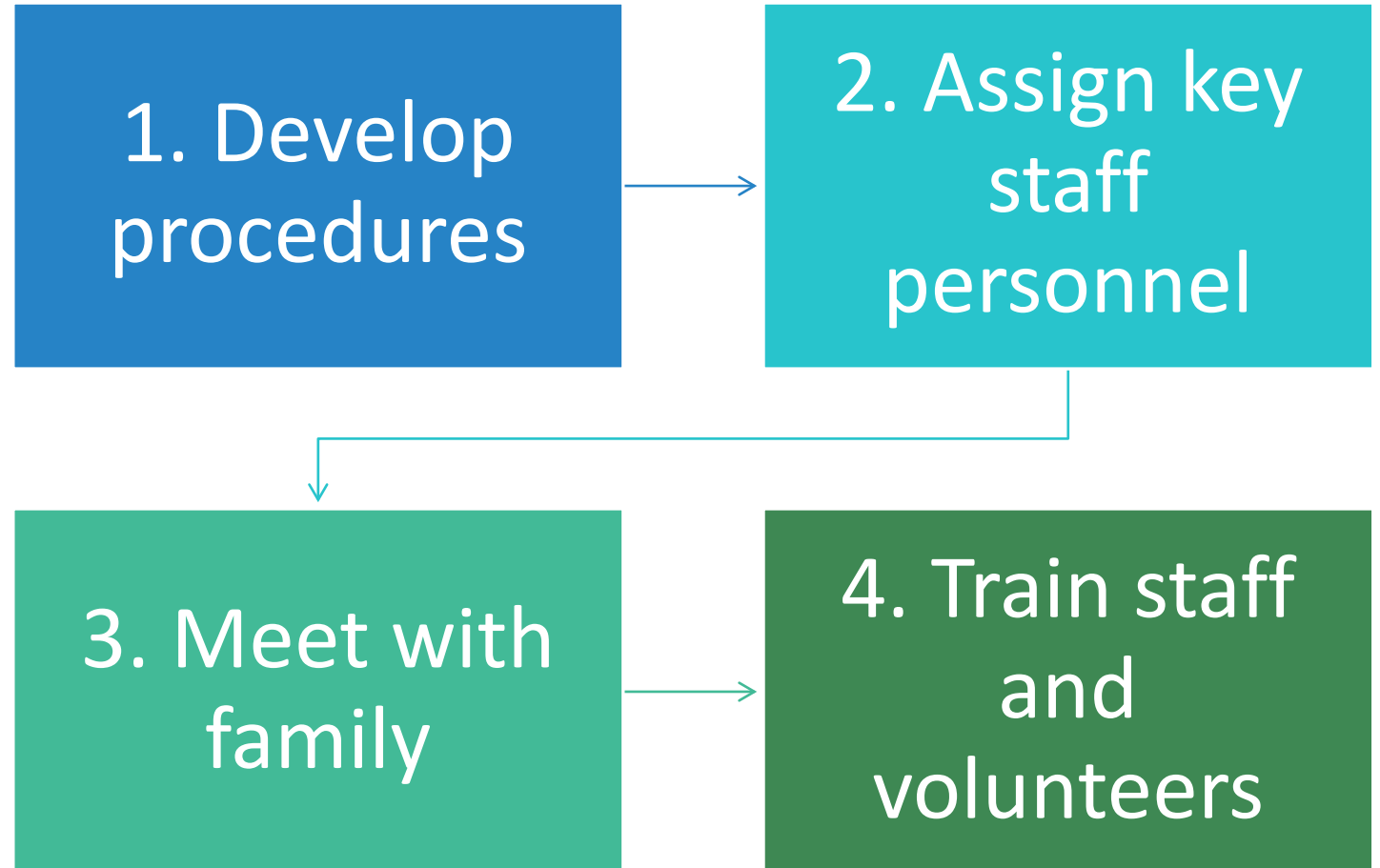
Only one single safe meal that meet the doctor's requirements is required

- Exact brands are rarely required

USDA only requires that information on a dietary form is 'current'

Michigan Food Allergen Training Requirement has expired

How to Accommodate



Possible Accommodations



PROVIDE
NUTRITION
ANALYSIS ON
MONTHLY MENUS



DOCUMENT
SPECIAL DIETARY
NEEDS IN
ELECTRONIC POS
SYSTEM



MODIFICATIONS
ARE MADE ON A
CASE-BY-CASE
BASIS



PROVIDE COMMON
DIETARY
PREFERENCES IN
YOUR SCHOOL
DISTRICT

Dietary Need Example Menu

Menu created for student with a signed Special Diet Statement on file for gluten, dairy, soy, and pea protein allergies

Gluten, Dairy, Soy, & Pea Protein Allergy Breakfast Menu Example

*Menu created for student with a **signed Special Diet Statement** on file for gluten, dairy, soy, and pea protein allergies*

Monday	Tuesday	Wednesday	Thursday	Friday
*GF Cereal Bar	*Apple & Cinnamon GF Oatmeal	*GF French Toast & Maple Syrup	*GF Toast & Scrambled Eggs	Overnight GF Oats
Dried Cherries Fresh Pear	Red Apple Orange Juice	Blueberries Pineapple Tidbits	Apple Juice Banana	Orange Slices Dried Cranberries
Almond Milk	Almond Milk	Almond Milk	Almond Milk	Almond Milk

*Retail products purchased from a grocery store that are free of gluten, dairy, soy, and pea protein

Disclaimer: This menu should only be used for learning purposes. Manufactured foods allergen profiles vary from product to product. When accommodating students with special dietary needs, double-check all ingredient and allergen labels, and prevent cross-contact.

Gluten, Dairy, Soy, & Pea Protein Allergy Lunch Menu Example

*Menu created for student with a **signed Special Diet Statement** on file for gluten, dairy, soy, and pea protein allergies*

Monday	Tuesday	Wednesday	Thursday	Friday
*GF Chicken Nuggets *GF Dinner Roll	*Tuna Fish Salad on GF Bread	Mediterranean Garbanzo Bean & Quinoa Salad	*GF Waffles & Maple Syrup Hard-Boiled Eggs	*GF & DF Pizza *GF Breadstick
Steamed Broccoli Sweet Potato Fries Canned Peaches Red Apple	Mexican Black Beans Roasted Cauliflower Pineapple Salsa Sliced Strawberries	Cherry Tomatoes Sliced Cucumbers Red Grapes Sliced Melon	Steamed Edamame Roasted Baby Carrots Canned Pears Mandarin Oranges	Refried Beans Steamed Corn Fruit Punch Mango Salsa
Almond Milk	Almond Milk	Almond Milk	Almond Milk	Almond Milk

*Retail products purchased from a grocery store that are free of gluten, dairy, soy, and pea protein

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Dietary Preferences

Variations for ethnic, religious, or economic reasons. Schools should consider ethnic and religious preferences when planning and preparing meals... Any variations must be consistent with the food and nutrition requirements specified under this section and needed to meet ethnic, religious, or economic needs.

7 CFR 21010(m)(3)



Participating entities are encouraged to offer meals that meet students' dietary restrictions, including the provision of gluten-free meals, vegetarian meals, vegan meals, and, upon request, kosher meals, halal meals, and meals meeting any allergy restrictions as confirmed by a doctor's note.

[State School Aide Budget](#)

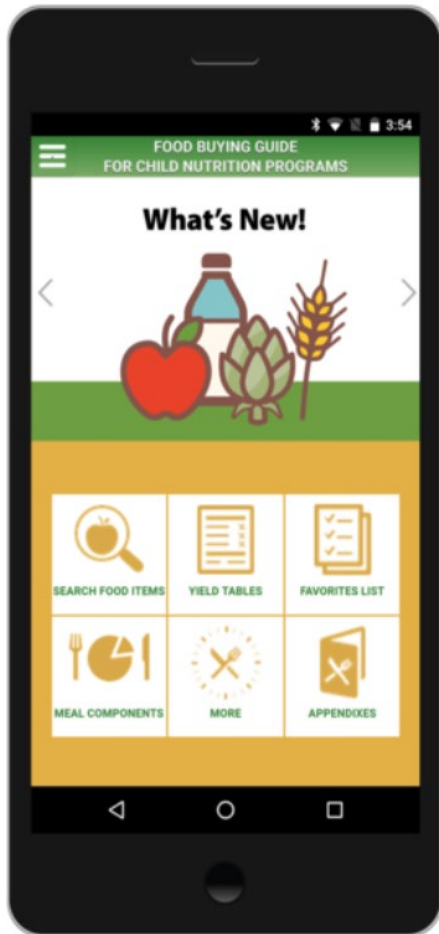


Dietary Preference Example Menu

Dietary preference-based gluten-free menu compliant
with the USDA SBP & NSLP meal patterns



Creditable Gluten-Free Grains



- Amaranth
- Buckwheat
- Kasha
- Cornmeal
- Grits
- Millet
- Oats*
- Quinoa
- Rice
- Popcorn
- Sorghum

Gluten-free products with Grain-Crediting Nutrition (CN) Labels or Product Formulation Statements (PFS)



CNs & PFSSs

DATE CODE

BARCODE
F.P.O.

NO
ARTIFICIAL
INGREDIENTS

003522

0926

10035220928

FULLY COOKED, SEASONED, GRILLED
BONELESS, SKINLESS CHICKEN STRIPS-CN
FOR FAJITAS

INGREDIENTS: Boneless, skinless chicken, water, contains 2% or less of the following: dehydrated garlic, dehydrated onion, dextrose, maltodextrin, natural flavors, potato starch, salt, soy protein concentrate, spices, yeast extract.

CONTAINS: SOY.

CN
097814

One 2.80 oz. portion of fully cooked, seasoned, grilled, boneless, skinless chicken strips provides 2.00 oz. equivalent meat/meat alternate for the Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA 12/18).

CN

PREPARATION: Appliances vary, adjust accordingly.
CONVENTIONAL OVEN: 25 - 30 minutes at 350°F from frozen.
CONVECTION OVEN: 5 - 8 minutes in a single layer at 400°F from frozen.
MICROWAVE OVEN: 3 1/2 to 4 minutes on HIGH power from frozen; hold 1 minute.

*Federal Regulations Prohibit The Use Of Added Hormones Or Steroids In Chicken.

DISTRIBUTION, INC., P. O. BOX 2020, SPRINGDALE, AR 72716-2020 U.S.A.

NET WT. 39.93 LBS.

Nutrition Facts	
About 213 servings per container Serving size 3 oz (84g)	
Amount per serving	
Calories 130	
	% Daily Value*
Total Fat 7g	9%
Saturated Fat 2g	10%
Trans Fat 0g	
Cholesterol 80mg	27%
Sodium 330mg	14%
Total Carbohydrate 2g	1%
Dietary Fiber 0g	0%
Total Sugars 0g	
Includes 0g Added Sugars	0%
Protein 16g	32%
Vit. D 0mcg	0% • Calcium 9mg 0%
Iron 0mg	2% • Potas. 230mg 4%
<small>*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.</small>	



GENERAL MILLS

Product Formulation Statement for Documenting Grains in Child Nutrition Programs (Crediting Standards Based on Exhibit A Weights per Ounce Equivalent)

Program operators should include a copy of the label from the purchased product package in addition to the following information on letterhead signed by an official company representative. Program operators have the option to choose the crediting method that fits their specific menu planning needs.

Product Name: Blueberry Chex @ Bowlpak Code No.: 16000-18446

Manufacturer: General Mills, Inc. Serving Size 1.0 OZ (28g)

I. Does the product meet the whole grain-rich criteria: Yes ☒ No ☐

II. Does the product contain non-creditable grains: Yes ☐ No ☐ How many grams:
(Products with more than 0.24 ounce equivalent (oz eq) or 3.99 grams (g) for Groups A-G or 6.99g for Groups H and I of non-creditable grains do not credit toward the grains requirement for school meals.)

III. Use Exhibit A: Grain Requirements for Child Nutrition Programs in the Food Buying Guide for Child Nutrition Programs (FBG) to determine if the product fits into Groups A-G (baked goods), Group H (cereal grains) or Group I (RTE breakfast cereals). (Different methodologies are applied to calculate the grains contribution based on creditable grains. Groups A-G use the standard of 16g creditable grains per oz eq; Groups H and I use the standard of 28g creditable grain per oz eq or volume.)

Indicate which Exhibit A Group (A-I) the Product Belongs: I

DESCRIPTION OF PRODUCT PER EXHIBIT A	PORTION SIZE OF PRODUCT AS PURCHASED	WEIGHT OF ONE OZ EQ AS LISTED IN EXHIBIT A B	CREDITABLE AMOUNT
Ready to Eat Cereal	28g	28g	28g + 28g = 1.0
Total Creditable Amount¹			1.0

¹Total Creditable Amount must be rounded **down** to the nearest quarter (0.25) oz eq. Do **not** round up.

Total weight (per portion) of product as purchased 1.0 OZ (28g)

Total contribution of product (per portion) 1.0 oz eq

I further certify that the above information is true and correct and that a 1.0 ounce portion of this product (ready for serving) provides 1.0 oz eq grains. I further certify that non-creditable grains **are not** above 0.24 oz eq per portion. Products with more than 0.24 oz eq or 3.99g for Groups A-G or 6.99g for Groups H and I of non-creditable grains do not credit toward the grains requirement for school meals.

Wendy Ramaker

Wendy Ramaker
Labeling and Regulatory Compliance Specialist, K12 Education
January 11, 2022

Exhibit A

Gluten-Free Meal Pattern Compliant Breakfast Menu Example

Monday	Tuesday	Wednesday	Thursday	Friday
GF Cereal Low-Fat Blueberry Yogurt	GF Cheesy Grits Scrambled Eggs	GF Yogurt Parfait Granola made with GF Oats	GF Cereal Hard-Boiled Egg	GF Overnight Apple Pie Oats Cheese Stick
Dried Cherries Fresh Pear	Red Apple Orange Juice	Blueberries Pineapple Tidbits	Apple Juice Banana	Orange Slices Dried Cranberries
Skim White Milk 1% White Milk	Skim White Milk 1% White Milk	Skim White Milk 1% White Milk	Skim White Milk 1% White Milk	Skim White Milk 1% White Milk

Disclaimer: This menu should only be used for learning purposes. Manufactured foods allergen profiles vary from product to product. When accommodating students with special dietary needs, double-check all ingredient and allergen labels, and prevent cross-contact.

Gluten-Free Meal Pattern Compliant Lunch Menu Example

Monday	Tuesday	Wednesday	Thursday	Friday
GF Chicken Nuggets Brown Rice	Carne Asada Quinoa Bowl	Mediterranean Chicken Salad with Hummus & Tortilla Chips	Seared Tofu GF Fried Rice	Pork Carnitas Tacos Corn Tortillas
Steamed Broccoli Sweet Potato Fries Canned Peaches Red Apple	Mexican Black Beans Roasted Cauliflower Pineapple Salsa Sliced Strawberries	Cherry Tomatoes Sliced Cucumbers Red Grapes Sliced Melon	Steamed Edamame Roasted Baby Carrots Canned Pears Mandarin Oranges	Refried Beans Steamed Corn Fruit Punch Mango Salsa
Skim White Milk 1% Chocolate Milk	Skim White Milk 1% Chocolate Milk	Skim White Milk 1% Chocolate Milk	Skim White Milk 1% Chocolate Milk	Skim White Milk 1% Chocolate Milk

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Resources & Questions

Emily Mattern MA, RDN, SNS

Email: matterne@michigan.gov

Phone: (517) 241-1762

Special Dietary Needs



<https://www.michigan.gov/mde/services/food/sntp/dietary-needs>
www.foodallergy.org
www.theicn.org