

## Special Diet Requirements for Child Nutrition Programs

### Reasonable Modifications:

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

- Sponsors or providers are not required to provide the specific brand names requested.
- Meal accommodations do not need to mirror the meal or menu item being substituted. For example, if lasagna is on the menu, sponsors or providers are not required to provide a gluten free lasagna option for a participant with Celiac disease; they could provide beans and rice instead.

Sponsors or providers are simply required to provide the participant a meal that is safe for them to consume, allowing them equal opportunity to participate in the program. To the extent possible, the meal or snack provided should follow the USDA meal pattern.

### Integrated Environment:

Sponsors or providers are required to serve participants with special diet requests due to medical need in the least restrictive and most integrated setting possible. For example, a participant cannot be required to sit in another room during meal services.

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

### Implementation Steps:

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

- Parents, guardians, and participants to request special diet accommodations
- Obtaining 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 requirements

#### *Step 3: Appoint a key staff person*

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

#### *Step 3: Utilize a team approach*

- Create a team including those involved with providing special diet accommodations and others trained in this area, such as 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 obtained must be kept confidential.

## Required Documentation: Special Diet Statement

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**

- Contain the following information in order to be considered complete:
  - Food or allergen to be avoided
  - Explanation of how exposure would affect the participant
  - Foods to be substituted
- Be completed and signed by one of the following state licensed medical authorities:
  - Physician
  - Physician Assistant
  - Advanced Practice Care Nurse, such as a Nurse Practitioner

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

**Once a complete special diet statement is on file, meal accommodations may be claimed for reimbursement, even if they result in a meal or snack that does not meet meal pattern requirements.**

### Additional Information...

If the special diet statement is unclear or does not fully explain the modification needed, the sponsor must obtain appropriate clarification in order to provide a safe meal. This can be obtained by a parent, guardian, or the medical authority. In order to consult with the medical authority directly, sponsors must first have the parent or guardian sign the voluntary authorization section on the special diet statement.

Sponsors may provide meal modifications while waiting for a 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.

### For more Information

- [Food and Drug Administration's "Food Allergies: What you need to know"](#)
- [Institute for Child Nutrition's Food Allergy Fact Sheets](#)

# Special Diet Statement

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: 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). 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 do not constitute a disability, including 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-reduced milk without a physician's signature.

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. State the allergen or food to be avoided:

\_\_\_\_\_

2. Brief explanation of how exposure to this food affects the participant:

\_\_\_\_\_

3. List specific 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): \_\_\_\_\_

## Signature

Licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner must sign and retain a copy of this document.

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

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

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

## Voluntary Authorization

Note to Parent(s)/Guardian(s)/Participant: You may authorize the director of the school/center/site to clarify this Special Diet Statement with the physician by signing the following 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): \_\_\_\_\_

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) [found online](#) ([http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)), 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 for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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