



Whole Milk for Healthy Kids Act of 2026

Quick Reference Guide



Summary of the Whole Milk for Healthy Kids Act of 2026

The Whole Milk for Healthy Kids Act of 2026 is an amendment to the Richard B Russell National School Lunch Act that became public law on January 14, 2026.

Key Provisions

- **Expanded milk options**
- **Schools may now offer, but are not required to offer whole milk, reduced-fat (2%) milk, low-fat, fat-free, lactose-free, and nutritionally equivalent non-dairy beverages without requiring a diet prescription.**
 - Some soy milk and pea milk products meet NSLP nutrition standards for milk.
 - Nutrition facts labels should be reviewed to ensure that plant-based milk products meet the USDA nutritional standards for fluid milk substitutes (see chart below).

USDA Nutritional Standards for Fluid Milk Substitutes

Nutrient	Per Cup (8 fl. Oz)
Calcium	276 mg
Protein	8 g
Vitamin A	150 mcg
Vitamin D	2.5 mcg
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	.44 mg
Vitamin B-12	1.1 mcg

- **Sugar Limit:** All fluid milk (flavored or unflavored, organic or not) must contain no more than 10 grams of sugar per 8 oz serving.
- **Required Non-Flavored Option:** Schools must continue offering at least one unflavored milk option.
- **Nutrition Analysis Flexibility:** Menu planners may exclude total fat and saturated fat from cow's milk in their nutrition analysis.
- **Disability Requests:** A written statement from a physician, registered dietitian, or a parent/guardian must identify the disability that restricts the student's diet and specify the substitute for fluid milk. This substitute is not required to meet the USDA nutritional guidelines for fluid milk.
- **Non-disability Requests:** Parents/guardians may also request a fluid milk substitute not being offered by the SFA if it meets the USDA nutritional guidelines for fluid milk.

Milk Substitute Request Form

This form is for a parent or guardian to request a fluid milk substitute for a student due to a **disability or non-disability reason**. The completed form should be kept on file for use by the school cafeteria.

Student Name: _____

School Name: _____

Reason for Milk Substitute

Please select **one** of the following:

☐ **Disability**

If the milk substitution is required because of a disability, please provide the following information:

Disability that restricts the student's diet (required): _____

Milk substitute requested: _____

☐ **Non-Disability**

If the milk substitution is requested for a reason other than a disability, please select the milk requested:

☐ Lactose-Free Milk

☐ Soy Milk

☐ Pea Milk

☐ Other Nutritionally Equivalent Milk: _____

Parent/Guardian Signature: _____

Date: _____

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