

PARENT/GUARDIAN REQUEST FOR NON-DAIRY MILK SUBSTITUTION

Parents/guardians may request in writing that a **non-dairy milk substitution** be served to their child(ren).

The non-dairy milk substitution must be nutritionally equivalent to cow's milk, meeting the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs in order for the Program to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

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|---|----------------------|-------------------------|
| A non-dairy milk substitution must contain at least the following nutrient levels per cup (8 fluid ounces) to qualify as an acceptable milk substitution: | | |
| a. Calcium 276 mg | d. Vitamin D 100 IU | g. Potassium 349 mg |
| b. Protein 8 g | e. Magnesium 24 mg | h. Riboflavin .44 mg |
| c. Vitamin A 500 IU | f. Phosphorus 222 mg | i. Vitamin B-12 1.1 mcg |

PART 1 – Program indicates if it will provide a non-dairy milk substitution

| Program - complete this section prior to distribution of form by choosing one option: | |
|---|--|
| | This Program will provide the following non-dairy milk substitution which meets USDA nutrient standards for a milk substitute: <i>(list substitute(s))</i> : |
| | This Program has chosen not to provide a non-dairy milk substitution. |

PART 2 – Parent/guardian completes

| Parent/Guardian – complete this section and return to Program | |
|--|---|
| Child's Full Name: | |
| Identify the medical or other special dietary need of your child (why your child needs a non-dairy milk substitute): | |
| Choose One | I request that my child is served the non-dairy milk substitute provided by the Program, as indicated above |
| | I am aware that the Program is not providing a non-dairy milk substitute. I will provide a non-dairy milk substitute that meets the USDA nutrient standards. I will provide either: <input type="checkbox"/> An approved substitution listed on the back of this form (List substitute: _____) <input type="checkbox"/> Documentation to show the substitution meets the nutrient standards (see back of form for more information on this requirement) |
| | I will provide a non-dairy milk substitute that does not meet the USDA nutrient standards. I understand that the Program cannot claim meals that require milk unless I get a written statement from a recognized medical authority. |
| Signature of Parent/Guardian: | Date: |

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](#), (AD-3027) found online at: 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 |
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This institution is an equal opportunity provider.

The term *Program* refers to all facility types in the CACFP: group child care centers, family day care homes, afterschool programs, & emergency shelters

**NON-DAIRY MILK SUBSTITUTES* MEETING USDA APPROVED NUTRIENT STANDARDS
PER 8 FLUID OUNCES**

Unflavored Non-Dairy Milk Substitutes

| | | | | | |
|--|--|---|---|--|---|
| <p><i>8th Continent</i> Original Soy milk</p>  | <p><i>Walmart Great Value</i> Original Soy milk</p>  | <p><i>Pacific</i> All Natural Ultra Soy Original</p>  | <p><i>Sunrich Naturals</i> Original Soy milk</p>  | <p><i>Kirkland Signature</i> Organic Soy milk Plain</p>  | <p><i>Silk</i> Original Soy milk</p>  |
|--|--|---|---|--|---|

Effective October 1, 2017: Flavored Non-Dairy Milk Substitutes may only be served to children 6 years and older and adults

Flavored Non-Dairy Milk Substitutes

| | | | | |
|---|--|---|--|--|
| <p><i>Kikkoman</i> Pearl Organic Soy milk Smart Chocolate</p>  | <p><i>8th Continent</i> Vanilla Soy milk</p>  | <p><i>Pacific</i> All Natural Ultra Soy Vanilla</p>  | <p><i>Sunrich Naturals</i> Vanilla Soy milk</p>  | <p><i>Kikkoman</i> Pearl Organic Soy milk Smart Creamy Vanilla</p>  |
|---|--|---|--|--|

*The Wisconsin Department of Public Instruction does not endorse the companies or products listed. This chart is for informational purposes only. Contact the manufacturer at the time of purchase to ensure that product formulations have not changed.

DOCUMENTATION TO SHOW NON-DAIRY MILK SUBSTITUTE MEETS THE NUTRITIONAL STANDARDS

If you prefer to provide a non-dairy milk substitute not on the approved list above, a copy of the Nutrition Facts label must be provided to the Program in order to determine if it meets the USDA nutrient standards for a milk substitute.

NOTE: Almond milk, rice milk, and coconut milk do not contain enough protein to meet the USDA nutrient standards for a milk substitute.

Nutrition Facts
Serving Size 1 cup (8 fl oz)
Servings Per Container 1
Amount Per Serving
Calories 90
% Daily Value*

| | |
|--------------------|-----|
| Total Fat | 7% |
| Sodium | 3% |
| Total Protein | 0% |
| Total Sugar | 4% |
| Total Calcium | 12% |
| Total Carbohydrate | 1% |
| Dietary Fiber | 8% |
| Sugars | 2g |
| Protein | 9g |
| Vitamin A | 2% |
| Vitamin C | 0% |
| Calcium | 2% |
| Iron | 8% |

*Percent Daily Values are based on a 2,000 calorie diet.

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| To be completed by Program |
| Name of Product: |
| Enter information from nutrition facts label into the non-dairy beverage tool calculator* https://dpi.wi.gov/sites/default/files/imce/community-nutrition/xls/non_dairy_tool.xls (Guidance Memo webpage: Under DPI Guidance Memo 12 or L, Special Dietary Needs) |
| Does the product meet the USDA nutrient standards for a milk substitute? <input type="checkbox"/> YES <input type="checkbox"/> NO – Meals/snacks at which this item is served as a required component cannot be claimed for CACFP reimbursement |
| <i>*Attach a copy of the completed non-dairy beverage tool calculator to this form.</i> |

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