

The Edible Editorial

June 2022

Fluid Milk Substitutes & Required Forms

For children or adults who cannot consume fluid milk, or who do not wish to consume milk for religious or ethical reasons, non-dairy beverages may be served in place of fluid milk. Non-dairy beverages must be nutritionally equivalent to cow's milk and meet the nutritional standards identified in the table below. Non-dairy beverages served to children 1 through 5 years old must be unflavored due to the higher sugar content of flavored varieties.

Children or adults who do not consume milk for religious or ethical reasons may be served a non-dairy beverage that is nutritionally equivalent to cow's milk. A parent, guardian, adult participant, or a person on behalf of the adult participant must provide a written request for the non-dairy beverage substitute. For example, if a parent has a child who follows a vegan diet, the parent must submit a written request to the child's center or day care home asking that a soy beverage (commonly known as soy milk) be served in place of cow's milk. A medical statement is not required.

A medical statement is required when, due to a disability, a program participant requests a non-dairy substitution that does not meet the nutritional standards of cow's milk as described in the above chart. (For your convenience, we have included a medical statement on pages five and six of this Edible Editorial - if you need one, you can also print this form and many others on our web site at www.midmichigancc.com/forms).



Nutrient Requirements for Fluid Milk Substitutes/Non-Dairy Beverages

| Nutrient | Per Cup (8 fl oz) |
|--------------|------------------------|
| Calcium | 276 milligrams |
| Protein | 8 grams |
| Vitamin A | 500 International Unit |
| Vitamin D | 100 International Unit |
| Magnesium | 24 milligrams |
| Phosphorus | 222 milligrams |
| Potassium | 349 milligrams |
| Riboflavin | 0.44 milligrams |
| Vitamin B-12 | 1.1 micrograms |

[81 Federal Register 24375, April 25, 2016]

The Edible Editorial is a monthly publication for child care professionals sponsored by Mid Michigan Child Care Centers, Inc. (a Child Care Food Program Sponsor) established in 1981.

Suggestions, Comments or Ideas for future editions of The Edible Editorial?

Please email Allison at allison@midmichigancc.com

STAYING CONNECTED

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Should you need supplies mailed, simply leave a detailed voice mail on Ext 220 and they will be sent out within one business day.

Reminder most of our forms are available for download and printing on our web page at www.midmichigancc.com

REMINDER.....

You should have received a package with an annual training, a new application and a new agreement with our Food Program by now. Please be sure to fill out all of the forms and return those items as soon as possible. If you have not received this information yet please call our office right away and ask for Donna. Delay in having these items could cause you to not receive your reimbursement checks in a timely manor.



- All claims are due in the office no later than the 5th of every month.
- Email or call our office each and every time you are out of your home during a meal or closed for the day. Reviews are being conducted and you will be docked payment for meals or found Serious Deficient for lack of doing so.



**Recommend a
Provider receive a
special prize.**

**We cover the entire
state of Michigan.**

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Connected**



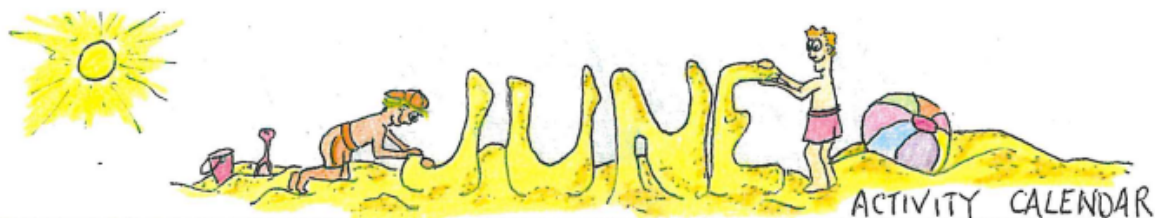
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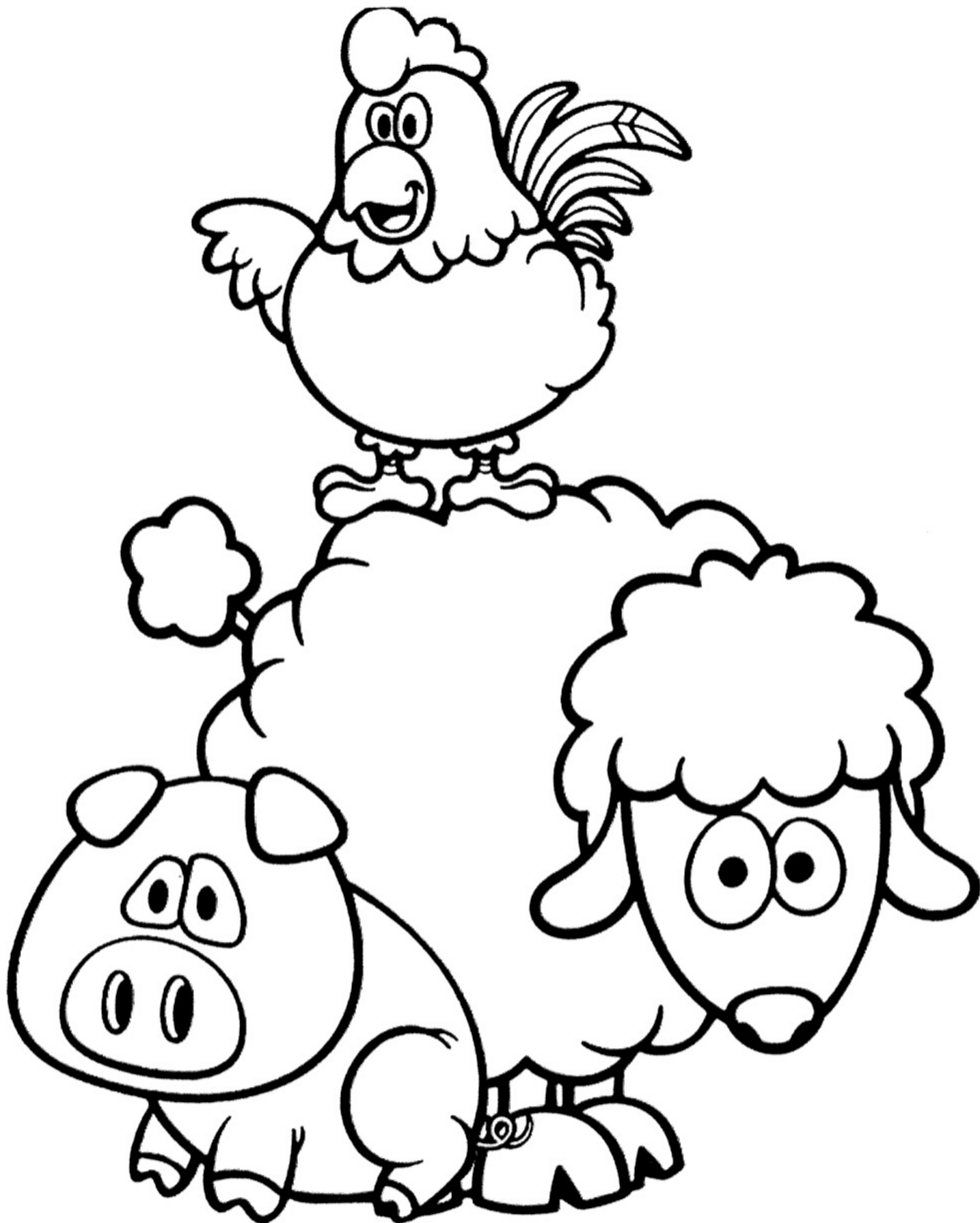


| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--|--|--|---|--|--|
| | | | move to some music 1 | NATIONAL FAMILY DAY - draw your family 2 | make popcorn 3 count and EAT! | catch fireflies and let them go! 4 |
| match socks, count the pairs... 5 ...and put them away | play follow the LEADER 6 | EAT your favorite fruits for a snack 7 | Look in a newspaper for animal pictures 8 | make puppets from old socks or paper bags 9 | name things that are TALL and SHORT 10 | make a blanket tent 11 |
| play catch outside 12 | make lemonade to quench your thirst 13 | FLAG DAY 14 create a paper flag | imitate a bird 15 tweet quack sounds | make shapes using toothpicks and string 16 | make a card for DAD! 17 | watch a baseball game at a local park 18 |
| FATHER'S DAY - give a hug! 19 | SUMMER BEGINS! 20 | VISIT THE LIBRARY 21 | FREEZE 22 Some juice and make popsicles - YUM! | FIND and name shapes in your house 23 | play an instrument outside 24 | HELP clear weeds from your yard 25 |
| go outside - collect green things in a bag 26 | take a walk... 27 Count bikes | build a tasty cheese sculpture with chunks and toothpicks 28 | write words or letters that you know 29 X F CAT | sing TOGETHER 30 | | |



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Michigan Department of Education
Child and Adult Care Food Program

Fluid Milk Substitute Request

Dear Parent/Guardian/Participant:

Congratulations! Your provider participates in the Child and Adult Care Food Program (CACFP). Participating in CACFP means the provider cares about good nutrition. The provider will introduce and serve a variety of nutritious foods for participants to eat and will serve foods appropriate to meet nutritional requirements for participants' health and well-being. Depending upon the hours in care, your provider will be serving breakfast, morning snack, lunch, afternoon snack, supper and/or a late snack.

Fluid milk is a required meal component for breakfast and lunch. (For CACFP participants, fluid milk is also required to be served during supper for children.) It is an optional component for a snack. In the case of a participant who cannot consume fluid milk due to medical or other special dietary needs other than disability, non-dairy beverages may be served in substitution of fluid milk. CACFP requires the non-dairy milk substitute to be nutritionally equivalent to milk and meet the following nutritional standards:

| Required Nutrients | Required Amounts Per Cup | %DV |
|---------------------------|---------------------------------|------------|
| Calcium | 276 mg | 28% |
| Protein | 8 g | 16% |
| Vitamin A | 500 IU | 10% |
| Vitamin D | 100 IU | 25% |
| Magnesium | 24 mg | 6% |
| Phosphorus | 222 mg | 22% |
| Potassium | 349 mg | 10% |
| Riboflavin | 0.44 mg | 26% |
| Vitamin B-12 | 1.1 mcg | 18% |

If you (participant) or your family member (parent/guardian) cannot consume fluid milk due to medical or other special dietary needs (other than a disability), please complete the following "Participant/Parent/Guardian Section" and return this completed form to your provider.

Participant/Parent/Guardian Section - Please Complete

| | | |
|----------------------------|-------------|------------------------------|
| Participant's Name: | Age: | Substitute Requested: |
|----------------------------|-------------|------------------------------|

Please describe the medical or other special dietary need that restricts participant from consuming cow's milk:

Participant/Parent/Guardian Section - Continued

Please enter your requested product's nutritional requirements in the table below. It should be compared to the nutritional standards listed to show the nutritional equivalence is met or exceeded.

| Required Nutrients | Required Amounts Per Cup | %DV | Per Cup or %DV in Substitute product |
|--------------------|--------------------------|-----|--------------------------------------|
| Calcium | 276 mg | 28% | |
| Protein | 8 g | 16% | |
| Vitamin A | 500 IU | 10% | |
| Vitamin D | 100 IU | 25% | |
| Magnesium | 24 mg | 6% | |
| Phosphorus | 222 mg | 22% | |
| Potassium | 349 mg | 10% | |
| Riboflavin | 0.44 mg | 26% | |
| Vitamin B-12 | 1.1 mcg | 18% | |

☐ I choose to provide the substitute product to my provider. By providing a creditable milk substitute, I understand that the provider may receive meal reimbursement for the meal/snack served.

☐ I choose to not provide the substitute requested. I understand the provider is not required, but has the discretion to, purchase and provide _____ as requested.
(Name of Substitute)

Parent/Guardian Signature

Date

Provider Section – Please complete the above nutrient analysis of the substitute requested by the parent/guardian and this section. Please keep this form on file.

I have determined the nutritional quality of the non-dairy milk substitute requested by comparing the requested substitute's nutritional values to the approved values. The substitute requested is:

☐ CREDITABLE ☐ NOT CREDITABLE

I understand I have the discretion to purchase and provide a creditable substitute, as requested, if the participant/parent/guardian does not provide the non-dairy milk substitute beverage. I understand I may only claim meal reimbursement for eligible meals.

Provider's Signature

Date

Non-Discrimination Statement

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