

	MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES CHILD AND ADULT CARE FOOD PROGRAM			ISSUED	REVISED	CHAPTER	SECTION
	AT-RISK AFTER SCHOOL PROGRAMS POLICY & PROCEDURE MANUAL			7/1/03; 6/2011	2/12	7	7.4B
CHAPTER Chapter 7. Meal Service				SUBJECT Milk Substitutions for Medical or Special Dietary Needs (non-Disability)			

The Healthy, Hunger-Free Kids Act of 2010 (the Act), Public Law 111-296, has modified requirements for fluid milk and fluid milk substitutions in the Child and Adult Care Food Program (CACFP). Fluid milk served in the CACFP must be consistent with the 2010 Dietary Guidelines for Americans. In addition, the Act allows the substitution of non-dairy beverages that are nutritionally equivalent to fluid milk in cases of special dietary needs. **This provision is effective immediately and full compliance should occur no later than October 1, 2011.**

### Substitutions for Fluid Milk (cow's milk):

Non-dairy beverages, such as soy milk, rice milk, or almond milk, may be served in lieu of fluid milk provided the following:

1. Non-dairy beverages must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk. Only a beverage meeting the nutrient standards at levels specified may be substituted for fluid milk as follows:

Nutrient	Per one (1) cup (8 ounces)
Calcium	276 mg.
Protein	8 gm.
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.

It should be noted that the availability of nutritionally equivalent non-dairy beverage products that meet USDA's criteria as a fluid milk substitute is limited to the following soy products and not available in all parts of Missouri: 8<sup>th</sup> Continent Original Soy Milk, Pacific Natural Ultra Soy Milk (Plain), Pacific Ultra Soy Milk (Vanilla), Kikkomon Pearl Organic Soymilk (Creamy Vanilla), and Kikkomon Pearl Organic Soymilk (Chocolate).

2. Parents or guardians may now request in writing a non-dairy milk substitution without providing a medical statement. The non-dairy beverage must be nutritionally equivalent to milk in order to claim the meal for reimbursement. Such substitutions are at the option and expense of the facility.

The Act does not specify the medical or special dietary needs that are covered by the milk substitution provision. Any reasonable request could be accepted at the discretion of the center. For example, a request due to milk intolerance, vegan diet, as well as religious, cultural or ethical

reasons would be acceptable and could be accommodated. If a request only states that a child does not like milk, this would not be a reasonable request for a milk substitute.

*Example:* if a parent has a child who follows a vegan diet, the parent can submit a written request to the child's caretaker asking that soy milk be served in lieu of cow's milk. The written request must identify the medical or other special dietary need that restricts the diet of the child.

### **Substitutions for Food other than Milk:**

There have been no changes to the policy regarding substitutions made for food (other than milk). The center may choose to provide substitutions on a case by case basis and only when supported by a written statement signed by a recognized medical authority which explains the need for substitutions and includes recommended alternate foods. Such substitutions are at the option and expense of the facility. See Section 7.5A for more information on food substitutions for individuals with special dietary needs.

### **Substitutions for Children with Disabilities:**

The requirements related to milk or food substitutions for a participant who has a medical disability and who submits a medical statement signed by a licensed physician remain unchanged. At Risk After School Programs are required to accommodate the dietary needs of children with disabilities as described in Section 7.5A of this manual.

Reference: 7 CFR226.20(h) and (i)  
7 CFR210.10(m)(3)  
CACFP 21-2011, May 11, 2011  
CACFP 21-2011 REVISED, September 15, 2011