Washington Office of Superintendent of
PUBLIC INSTRUCTION

Request for Milk Substitution-Child Care
(Non-Medical Need/Parent Preference)

Child and Adult Care Food Program (CACFP)

If your child cannot drink standard cow's milk due to a parent preference or special dietary need but **does not** have a diagnosed medical disability, you or the child care center may choose to provide a milk substitute or alternate fluid milk option. **If any option 1-3 listed below is provided, this form must be completed**. *Please note, flavored non-dairy beverages or flavored alternate fluid milk options cannot be served to children 1 through 5 years of age.*

1. ***OSPI Approved Milk Substitute***
   Review the list of OSPI Approved Milk Substitutes for possible options.

2. ***Non-Dairy Fluid Milk Substitute***
   USDA allows any milk substitute nutritionally equivalent to fluid cow's milk to be served. This means (per1 cup/8oz) the milk substitute must meet or exceed each nutrient value listed here.

The product must contain the following nutrients per 1 cup:	
Nutrient	**Per cup**
Calcium	276 mg
Protein	8 grams
Vitamin A	500 IU or 150 mcg
Vitamin D	100 IU or 2.5 mcg
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	0.44 mg
Vitamin B-12	1.1mcg

3. ***Alternate Fluid Milk Option***
   Other milks that are creditable and may be served in place of standard cow's milk are acidified milk, acidophilus milk, buttermilk (commercially prepared), goats milk, Kefir milk, lactose-free or reduced milk (such as Lactaid), and organic milk. *Please note: whole milk must be served to children 12 to 24 months and nonfat or 1% milk must be served to children 2 years of age or older for all these options.*

Child's Name: _____

Identify why your child needs a milk substitute: _____

_____

Name of Non-Dairy Milk Substitute or Alternate Fluid Milk Option:_____

Provided by: (only select one)

☐ I request the **child care center provide** this option. I am aware the center may decline requests not based on a diagnosed medical need.

☐ **I will provide** this beverage.

Signature of Parent/Guardian:_____Date: _____