

Child and Adult Care Food Program

Fluid Milk and Fluid Milk Substitutions

Fluid milk served in the CACFP must now be consistent with the most recent version of the Dietary Guidelines for Americans and allows the substitution of non-dairy beverages that are nutritionally equivalent to fluid milk in cases of special dietary needs. On May 11, 2011 USDA issued a memo that changed the requirements for fluid milk substitutions in the Child and Adult Care Food Program (CACFP).

Fat-Free and Low-Fat Milk

The 2010 dietary Guidelines recommend that persons over two years of age consume fat-free (skim) or low-fat (1%) fluid milk. **Therefore, fluid milk served to children two years of age and older must be: fat-free or low-fat milk (1%), fat-free or low-fat (1%) lactose reduced milk, fat-free or low-fat (1%) lactose free milk, fat-free or low-fat (1%) buttermilk, or fat-free or low-fat (1%) acidified milk.** Milk served must be pasteurized fluid milk that meets State and local standards, and may be flavored or unflavored. Whole milk and reduce-fat (2%) milk may not be served to children over two years of age.

Because the Dietary Guidelines for Americans do not address milk served to children under the age of two, the requirements to children in this age group are unchanged.

Non-dairy Beverages

If children cannot consume fluid milk due to medical or other special dietary needs, other than a disability, non-dairy beverages may be served in place of fluid milk. 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.

Parents or guardians may now request in writing non-dairy milk substitutions without providing a medical statement. As an 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. Such substitutions are at the options and expense of the facility.

The fluid milk and fluid milk substitutions requirement is effective immediately but should occur no later than October 1, 2011.

Milk Substitute Questions and Answers

1. What are the main changes in this new requirement?

The most significant changes allow parents or guardians to request a fluid milk substitute for a child with medical or special dietary needs other than a disability. However, it also provides nutrient standards that must be met if nondairy beverages are offered as fluid milk substitutes.

2. What are the acceptable reasons for requesting a milk substitute for a child who does not have a disability?

Any reasonable request could be accepted. For example, a request due to a milk allergy, vegan diet, as well as religious, cultural or ethnic reasons would be acceptable. If a request only states that a child does not like milk, the child can be offered flavored milk instead of a milk substitute that meets the requirements of this rule.

3. What is considered a disability?

Any person who has a physical or mental impairment which substantially limits one or more major life activities is considered a disability.

4. Must a facility offer a milk substitute for a child with a medical or special dietary need at the request of a medical authority or a parent, if it isn't a disability?

No, a center has the choice to offer a milk substitute as part of the reimbursable meal to a child with a medical or special dietary need other than a disability. However, we encourage facilities to try to meet the dietary needs of these children by offering a milk substitute that meets the requirements. If your facility chooses to do so, you must accept a written request from a medical authority or a parent/legal guardian.

5. If your center chooses to offer milk substitutes for children with medical or special dietary needs, may we only accept written requests from medical authorities?

No, the center does not have the option to refuse a parent's request. The rules allow a statement from a parent/guardian, as well as, a medical authority.

6. Must we comply with a statement from a licensed physician or a medical authority explaining that a specific beverage (e.g., juice) must be provided in place of milk to a child with a medical or special dietary need even though it is NOT a disability?

No, a facility needs to comply with a statement from a licensed physician only when a milk substitution is necessary due to a disability. When the milk substitution request is due to a medical or special dietary need other than a disability, the facility chooses whether to provide that milk substitution.

7. What type of documentation must be submitted to the center to request a milk substitute for a child with a medical or special dietary need other than a disability?

A written request from the medical authority or the parent/guardian must identify the child's medical or other special dietary need that precludes the consumption of cow's milk. No other information is required.

8. If we offered children with medical or special dietary needs a milk substitute that does not meet the nutrient standards in this rule, could we claim these meals for reimbursement?

If a meal includes a milk substitute that does not meet the requirements of this rule, no reimbursement would be provided for that meal.

9. May a facility decline to offer an acceptable milk substitute to children with medical or special dietary needs, other than disabilities, due to cost?

Yes, a facility has the choice to provide a milk substitution request from a child with medical or special dietary needs other than a disability. However, the Child and Adult Care Food Program seek to safeguard the well-being of all children, including those with special needs. Because milk substitution requests are granted on a case-by-case basis and a facility selects the acceptable nondairy beverage(s), in most cases the substitution could be accommodated without undue financial hardship. However, in some situations, cost may be a legitimate reason for declining to offer a milk substitute to a child with a medical or special dietary need.

10. Does a center have to accept milk substitution requests even if it is not offering a milk substitution for children with medical or special dietary needs?

If a center has decided not to offer a milk substitution for children with medical or special dietary needs, it should communicate this decision to all households at the beginning of the year to minimize the number of written requests. The center is not required to keep documentation of non-disability milk substitution requests that are not provided.

11. How can a center determine what products meet the nutrition standards for his new nondairy milk substitution requirement?

Because the Nutrition Facts Label on food products does not list all the required nutrients, you need to request documentation from the product manufacturer to confirm the presence of all required nutrients at the correct level. An allowable fluid milk substitute must provide the nutrients listed in the following table.

Milk Substitute Nutrition Standards

Nutrient	Per Cup (8 oz.)
Calcium	276 mg
Protein	8 g
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	.44 mg
Vitamin B-12	1.1 mcg

12. Does USDA or the State maintain a list of acceptable products?

No, centers are responsible for selecting and purchasing food products to be offered as part of the program. We do not evaluate, approve, or endorse any nondairy beverage intended to be offered as a milk substitute. Availability of products meeting the nutrient standards in this rule varies across the country.

13. Are the milk substitution requirements for the Child and Adult Care Food Program and the WIC food package the same?

Yes, the required nutrient standards are the same. Therefore, the milk substitutes allowed in the WIC program are also allowed in the Child and Adult Care Food Program.

For more information, contact the CACFP office at 501.682.8869 or 1.800.482.5850 ext. 28869.

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