

PARENTAL REQUEST FOR NON-DAIRY FLUID MILK SUBSTITUTE

PART 1

1. Name of Sponsoring Agency ICRI-Family Daycare Support Network	2. Name of Child Care Provider	3. Child Care Provider Phone Number
4. Name of Child		5. Date of Birth
6. Name of Parent/Guardian		7. Parent/Guardian Phone Number
<p>8. The above listed child does not have a disability, but is requesting a fluid milk substitute due to a medical or other special dietary need. (This form is not intended to accommodate children who drink fluid milk substitutions such as soy milk due to taste preferences.) The Child Care Provider has the discretion to select a specific brand of milk substitute since acceptable products must meet specified nutrient requirements. Juice cannot be offered as a fluid milk substitute for children with medical or special dietary needs that do not rise to the level of a disability.</p> <p>This written statement will remain in effect until the parent or legal guardian revokes such statement or until the Child Care Provider discontinues the fluid milk substitution option. The child's parent or legal guardian must sign this form.</p>		
9. Medical/Special Dietary Need requiring Fluid Milk Substitution		
10. Signature of Parent/Guardian	11. Printed Name of Parent/Guardian	12. Date

Part 2

To be completed by Child Care Provider (Please initial where appropriate)	
	I WILL provide the following non-dairy beverage which meets the USDA approved nutrient standards for milk substitute: (list substitute)
	I have chosen NOT to provide a non-dairy beverage for substitution of fluid milk.
To be completed by parent/guardian (complete and initial next to your appropriate choice)	
	I request that my child is served the USDA approved milk substitute that is to be provided by my Child Care Provider as noted above.
	I am aware that my Child Care Provider is NOT providing a non-dairy beverage as a substitute for fluid milk. I will provide the following USDA approved milk substitute: (list substitute)
<div style="display: flex; justify-content: space-between;"> Signature of Parent/Guardian: Date: </div>	

In accordance with federal law and the United States Department of Agriculture (USADA) policy, this agency is prohibited from discriminating on the basis of race, color, national origin, sex, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

(SEE OVER ↓)

Parents/guardians may request that non dairy beverages be substituted for fluid milk for children who do not have a disability* but other special dietary needs. Fluid milk substitutions, which must be USDA approved, are at the option and expense of the child care provider.

The non-dairy beverage substituted for fluid milk **MUST BE NUTRITIONALLY EQUIVALENT TO FLUID MILK** and meet the following standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs in order for the Child Care Provider to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP):

Minimum Nutrient Levels for Approved Milk Substitutes	
Nutrient	Nutrient Levels per Cup (8 oz.)
Calcium	276 mg.
Protein	8 grams
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.

“A person with a Disability” is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

“Physical or mental impairment” means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems; neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitor-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

“Major life activities” are functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

“Has a record of such an impairment” is defined as having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

(*Citations from Section 504 of the Rehabilitation Act of 1973)