

# Milk Substitutions & Creditable Milks In the Florida Child Care Food Program

For children ages 1 and older, CCFP regulations require that each child's breakfast, lunch, and supper must include fluid milk to be eligible for reimbursement. Fluid milk may also be served as one of the two components of a snack.

**Creditable fluid milks include breastmilk, as well as pasteurized fluid types of cow or goat milk, lactose-free or lactose-reduced milk, UHT (Ultra High Temperature) milk, acidified or cultured milk, and organic milk.**

Non-dairy fluid milk substitutions may be served when requested in writing the by child's parent or guardian. The written request must identify the medical or special dietary condition that restricts the diet of the child, such as milk allergy or vegan diet. In order for the meal to be reimbursable, the non-dairy beverage must be nutritionally equivalent to fluid milk. Child care providers or parents may provide the non-dairy beverage.

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## For Children Ages One through Five

**The following non-dairy (soy-based) beverages meet required nutritional standards for approved milk substitutions:**

- 8<sup>th</sup> Continent Soymilk Original
- Great Value Soymilk Ultra-Pasteurized
- Kirkland Organic Soymilk Original
- Pacific Ultra Soy Original
- Silk Original Soymilk
- Westsoy Organic Plus Plain Soymilk

## For Children Ages Six and older

**The beverages listed above *and* the ones below meet required nutritional standards for approved milk substitutions:**

- 8<sup>th</sup> Continent Soymilk Vanilla
- Pacific Ultra Soy Vanilla
- Westsoy organic Plus Soymilk Vanilla

**Each of the companies listed has information regarding product availability on their websites:**

[www.8thcontinent.com/product-finder/](http://www.8thcontinent.com/product-finder/)

[www.walmart.com/](http://www.walmart.com/)

[www.costco.com/](http://www.costco.com/)

[www.pacificfoods.com/retail-stores/](http://www.pacificfoods.com/retail-stores/)

[www.silk.com/where-to-buy](http://www.silk.com/where-to-buy)

[www.westsoymilk.com/store-locator/](http://www.westsoymilk.com/store-locator/)

If a child care provider has any question about these or other non-dairy beverages, please contact the State office at 850-245-4323 for assistance.

# Special Needs Meals in the CCFP

## **Children with disabilities:**

Child care providers are required to provide food component substitutions for individual children who have a disability. A disability means any person who has a documented physical or mental impairment which substantially limits one or more major life activities. Examples of disabilities may include: orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases, such as diabetes or phenylketonuria (PKU); and food anaphylaxis (life threatening food allergy). Reading food labels for life threatening food allergen warnings and ingredients is vital. Meals must provide the substitutions or modifications to the meal patterns as specified on the medical statement to be reimbursable.

A parent/guardian may supply one or more components of the reimbursable meal as long as the institution/facility provides at least one required meal component.

## **What is required?**

### **A medical statement is required and must include:**

- Medical need for substitution(s).
- Food(s) to be omitted and the food(s) to be substituted.
- Signature of a licensed physician, a physician's assistant (PA), or an advanced registered nurse practitioner (ARNP).

*Sponsors or child care facilities are encouraged to contact the nutrition section at the state office for assistance with dietary restrictions for children with disabilities.*

## **Children who cannot drink \*fluid milk:**

Child care providers or parents may provide a non-dairy beverage (e.g. soy milk) that is nutritionally equivalent to the fluid milk component of the meal pattern for children with milk allergies (non-life threatening) or intolerances.

**For the meal to be reimbursable, the beverage must be listed on the current CCFP *Approved Milk Substitution List for Children Ages 1 and Older* on our website under Nutrition and Menu Planning/Special Dietary Needs at: [www.flhealth.gov/ccfp/](http://www.flhealth.gov/ccfp/)**

## **What is required?**

- A letter from the parent/guardian requesting a nutritionally equivalent milk substitute (e.g. soy milk) is required if no medical statement is on file. The letter must state the medical or special dietary condition and whether the parent/guardian will provide the milk substitute or the center.
- If parent/guardian prefers to provide the milk substitute, it must be in the original container and labeled with the child's name.
- A medical statement is not required, however if provided, it must identify the medical or special dietary need for the milk substitute, the requested (or provided) nutritionally equivalent milk substitute, and signature of a recognized medical authority.

*\*Please note the following fluid milks do not require a parent or medical statement: Cow or goat milk; breastmilk; lactose-free or lactose-reduced milk; UHT (Ultra High Temperature); acidified; cultured; organic milk.*

### **Children with special dietary conditions (not including disabilities):**

Child care providers are encouraged but not required to provide food component substitutions for individual children who do not have a disability, but who have a special medical or dietary need. Examples of medical or special dietary conditions may include food allergies (non-life threatening) and food intolerances such as wheat, fish, milk proteins and eggs. Reading food labels for allergen warnings and ingredients is very important.

A parent/guardian may supply one component of the reimbursable meal as long as it is creditable and the institution/facility provides all other required meal components.

Meals with substitutions that meet all meal pattern requirements are reimbursable. For example, the child care provider can substitute chicken for fish or bananas for oranges. A medical statement is *not needed* in this case; however a parent note should be on file.

When substitutions are made and the meal pattern is not met, a medical statement *is required*. In this situation, the medical statement must include the following:

#### **What is required?**

##### **A medical statement is required and must include:**

- Medical need for substitution(s).
- Food(s) to be omitted and the food(s) to be substituted.
- Signature of a recognized medical authority (such as: physician, physician's assistant, nurse practitioner, or registered dietitian).

*Sponsors or child care facilities are encouraged to contact the nutrition section at the state office for assistance with dietary restrictions for children with special dietary conditions.*

### **Food substitutions related to religious preference or vegetarianism:**

No medical statement is needed; a note from the parent/guardian should be on file. Meals with substitutions that meet all food component requirements of the meal pattern are reimbursable. For example, the child care provider can substitute meat alternates for a child who does not eat meat. Contact the state office for assistance if an entire food component is eliminated from a meal, such as an instance where milk cannot be served with a meal containing meat.



# Child Care Food Program Parent Request for Milk Substitution



Center/Provider:	
Child's Name	
Date of Birth:	

### To be completed by parent/guardian:

I, \_\_\_\_\_, am the parent/guardian of the above name child.  
I am requesting that my child be served a beverage other than cow's milk because of (circle one):

PERSONAL PREFERENCE      RELIGIOUS REASONS      ALLERGY/SENSITIVITY      OTHER: \_\_\_\_\_

I would like my child to be served (check one):

<input type="checkbox"/>	Goat Milk	<input type="checkbox"/>	Cultured Milk
<input type="checkbox"/>	Breast Milk	<input type="checkbox"/>	Organic Milk
<input type="checkbox"/>	Lactose-Free Milk	<input type="checkbox"/>	Soy Milk
<input type="checkbox"/>	Lactose- Reduced Milk	<input type="checkbox"/>	<b>Almond Milk*</b>
<input type="checkbox"/>	UHT (Ultra High Temperature) Milk	<input type="checkbox"/>	<b>Rice Milk*</b>
<input type="checkbox"/>	Acidified Milk (Buttermilk)	<input type="checkbox"/>	<b>Coconut Milk*</b>

**\*REQUIRES A MEDICAL STATEMENT SPECIFYING: 1) Medical need for substitution. 2) Cow's milk is to be omitted from the diet. 3) Beverage that is to be served.**

While in care:  I will supply the alternative milk     I am requesting the center/provider supply the alternative milk

### To be completed by director/provider:

The center/provider will supply the alternative milk     The center/provider **WILL NOT** supply the alternative milk\*\*

\*\* If a child has a milk substitution request related to a disability or life threatening allergy a **Medical Statement for Children with Disabilities and Special Dietary Conditions** completed by a licensed physician, PA, or ARNP must be on file. In this case child care providers **are required** to provide the requested milk substitution.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Only unflavored milks may be served to children less than 6 years of age (ex. Original Soy Milk rather than Vanilla Soy Milk). If your child requires a flavored milk substitute this must be requested on a medical statement.**



**Child Care Food Program  
Medical Statement for Children with Disabilities  
and Special Dietary Conditions**

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name and Address of Child Care Center: \_\_\_\_\_

Dear Parent/Guardian and Recognized Medical Authority:

This child care center participates in the Child Care Food Program (CCFP) and must serve meals and snacks meeting the CCFP requirements. Food substitutions must be made for children with a physical or mental disability when supported by a statement signed by a physician, physician's assistant (PA), nurse practitioner (ARNP). Food substitutions may also be made for children with special dietary conditions (unrelated to a disability) when supported by a statement signed by a physician, physician's assistant (PA), nurse practitioner (ARNP), or registered dietitian. When supported by this documentation, the meal is not required to meet the meal pattern. Please return this completed form to the child care center. If you have any questions, please contact me at \_\_\_\_\_.

Child Care Center Phone Number

Sincerely: \_\_\_\_\_

Child Care Center Director

**A recognized medical authority must complete the following information.**

1. Does the child identified above have a disability? A disability is defined as a physical or mental impairment which substantially limits one or more major life activities.

Yes

**If yes:**

a. State and describe the disability. \_\_\_\_\_

b. How does the disability restrict the diet? \_\_\_\_\_

c. What major life activity is affected? \_\_\_\_\_

No

**If no:**

Identify the medical condition (unrelated to a disability) that restricts the child's diet.

2. List any food(s) to be omitted from the child's diet.

3. List any food(s) to be substituted.

4. Describe any textural modification or adaptive equipment required.

\_\_\_\_\_  
Signature of Physician or Recognized Medical Authority  
(For a disability – a physician, PA, or ARNP must sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number