

Soy Milk in the CACFP



Soy Milk in the CACFP

Participants must be served fluid cow's milk for breakfast, lunch and supper (optional for snack).

Regulations allow nondairy beverage substitutions that are nutritionally equivalent to cow's milk.





SO WHICH SOY MILKS ARE CREDITABLE?

Creditable Soy Milks



Pacific Natural Ultra Soy Milk Plain or Vanilla



Kikkoman Pearl Organic Soymilk Smart Creamy Vanilla or Smart Chocolate



8th Continent Original Soymilk

Creditable Soy Milks

New as of June 2014!



Safeway Lucerne Original Soy Milk



WhiteWave Foods Silk® Original Soymilk

Creditable Soy Milks



Vanilla



Original



Chocolate



Very Vanilla



DHA Omega-3



Light Vanilla



Light Original



Light Chocolate



Organic Vanilla



Organic Original

Soy Milk Notification Form

complete
all parts

Soy Milk Request Notification Form

Provider's Name: _____

Participant's Name: _____ Participant's Age: _____

To: Parents or guardians of children ages 1 year and older or adult participant

Your care provider participates in the Child and Adult Care Food Program (CACFP). The CACFP is administrated by the District of Columbia Office of the State Superintendent of Education and is funded by the United States Department of Agriculture (USDA). The CACFP provides reimbursement for healthy meals prepared and served by your provider. Your provider follows the USDA Meal Pattern Requirements and is required to provide specific food groups in specific quantities in order to receive reimbursement for the meals served. The required CACFP food groups are: milk, bread/bread alternate, fruit, vegetable, and meat/meat alternate.

USDA allows providers participating in CACFP to serve approved soy milks in place of cow's milk at the request of and with written notification from the parent, guardian or adult participant. Providers may also claim reimbursement if the parent, guardian, or adult purchases and provides an approved soy milk along with written notification. Completing this form counts as written notification.

USDA-APPROVED SOY MILKS

USDA recognizes seven soy milks as allowable substitutions for cow's milk. These soy milks have been specially formulated to be nutritionally equivalent to cow's milk. The following soy milks are the only non-dairy beverages that may be substituted for milk as part of reimbursable CACFP meals.

- 8th Continent Original Soy Milk
- Pacific Natural Ultra Soy Milk
- Pacific Natural Ultra Soy Milk, Vanilla
- Safeway Lucerne Original Soy Milk
- Kikkoman Pearl Organic Soymilk Smart, Creamy Vanilla
- Kikkoman Pearl Organic Soymilk Smart, Chocolate
- WhiteWave Foods Silk® Original Soymilk

Provider-Supplied Soy Milk: _____

If you would like the USDA-approved soy milk listed above to be served in place of cow's milk, please check the box below and return this form to your care provider.

- I will ACCEPT THE PROVIDER-SUPPLIED soy milk as part of the meal.
- I will PURCHASE ONE OF THE APPROVED SOY MILKS ON MY OWN and bring it to my provider to be served with meals. I understand that my provider cannot receive reimbursements for meals served if I bring an unapproved brand of soy milk or other non-dairy beverage.

List the participant's medical or special dietary restriction: _____

Signature of Parent or Guardian or Adult Participant

Date

Printed Name of Parent or Guardian or Adult Participant

Medical Substitution Form

Medical Substitution Form Statement for Special Diet Prescription

The following child is a participant in the United States Department of Agriculture (USDA) Child Care component of the CACFP. USDA regulation 7CFR Part 226.20(h) requires substitution or modifications in program meals for children with special dietary needs or disabilities restrict their diets. A child with a disability must be supplied substitutions for foods when that need is supported by a statement signed by a licensed physician. Food allergies which may result in severe, life-threatening (anaphylactic) reaction, also meet the definition of "disability", and the substitutions prescribed by the licensed physician/medical authority would be made. The statement must include the following:

Part 1: To be completed by Parent/Caregiver

Child's Name:		Date of Birth:	Gender (<i>circle</i>): M F
Name of School/Center/Program/Provider:		Grade Level/Classroom (<i>if applicable</i>):	
Name of Caregiver/Guardian		<p>In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act I hereby authorize (physician/medical authority name: _____) to release such protected health information as is necessary for the specific purpose of Special Diet information to (Program Name: _____) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on (Date: _____). This information is to be released for the specific purpose of Special Diet information.</p> <p>The undersigned certifies that he/she is the parent, guardian or authorized representative of the child listed on this document and has the legal authority to sign on behalf of that child.</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p>	
Home Phone:	Work Phone:		
Street Address:			
City, State, Zip Code:			

Part 2: To be completed by Physician/Medical Authority

Recognized Medical Authorities: physician (MD), physician's assistant (PA), nurse practitioner (NP), registered nurse (RN), or registered dietitian (RD).

<p>Does the child have a disability? Yes _____ No _____</p> <p>If Yes, please describe the major life activities affected by the disability.</p>	<p>Does the child have special nutritional or feeding needs? Yes _____ No _____</p> <p>If Yes, please complete Part 3 of this form and have it signed and stamped with the office name and address by a licensed physician/medical authority.</p>
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Medical Substitution Form

Part 3: To be completed by a Recognized Medical Authority

Recognized Medical Authorities: physician (MD), physician's assistant (PA), nurse practitioner (NP), registered nurse (RN), or registered dietitian (RD).

List any dietary restrictions or special diet:

List any food allergies or food intolerances:

List foods to be substituted (mandatory):

List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All".

Cut up/chopped into bite sized pieces:

Finely Ground:

Pureed:

List any special equipment or utensils needed:

Indicate any other comments about the child's eating or feeding patterns:

Physician's Name and Office Phone Number:

Office Stamp

The end.