

## REQUEST FOR NON-DAIRY BEVERAGES

Parents/guardians may request in writing that a **non-dairy beverage** be served to their child(ren).

The non-dairy beverage must be nutritionally equivalent to cow’s milk, meeting the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs in order for the Program to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

<b>A non-dairy beverage must contain at least the following nutrient levels per cup (8 fluid ounces) to qualify as an acceptable milk substitution:</b>		
a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg

### PART 1 – Program indicates if it will provide a non-dairy beverage

<b>Program - complete this section prior to distribution of form by choosing one option:</b>	
	This Program will provide the following non-dairy beverage which meets USDA nutrient standards for a milk substitute: <i>(list substitute(s))</i> :
	This Program has chosen not to provide a non-dairy beverage.

### PART 2 – Parent/guardian completes

<b>Parent/Guardian – complete this section and return to Program</b>	
<b>Child’s Full Name:</b>	
Identify the medical or other special dietary need of your child (why your child needs a non-dairy beverage):	
<b>Choose One</b>	I request that my child is served the non-dairy beverage provided by the Program, as indicated above
	I am aware that the Program is not providing a non-dairy beverage. I will provide a non-dairy beverage that meets the USDA nutrient standards. I will provide either: <input type="checkbox"/> An approved substitution listed on the back of this form (List substitute: _____) <input type="checkbox"/> Documentation to show the substitution meets the nutrient standards (see back of form for more information on this requirement)
	I will provide a non-dairy beverage that does <b>not</b> meet the USDA nutrient standards. I understand that the Program cannot claim meals that require milk unless I get a written statement from a WI Licensed Healthcare Professional: Physician, Physician Assistant, or Nurse Practitioner (APNP).
<b>Signature of Parent/Guardian:</b>	<b>Date:</b>

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: Program.Intake@usda.gov

**NON-DAIRY BEVERAGES\* MEETING USDA APPROVED NUTRIENT STANDARDS  
PER 8 FLUID OUNCES**

**Unflavored Non-Dairy Beverages**

<p><i>8th Continent</i> <b>Original Soy milk</b></p> 	<p><i>Walmart Great Value</i> <b>Original Soy milk</b></p> 	<p><i>Pacific</i> <b>All Natural Ultra Soy Original</b></p> 	<p><i>Sunrich Naturals</i> <b>Original Soy milk</b></p> 	<p><i>Kirkland Signature</i> <b>Organic Soy milk Plain</b></p> 	<p><i>Silk</i> <b>Original Soy milk</b></p> 
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Flavored Non-Dairy Beverages may only be served to children 6 years and older and adults

**Flavored Non-Dairy Beverages**

<p><i>Kikkoman</i> <b>Pearl Organic Soy milk Smart Chocolate</b></p> 	<p><i>8th Continent</i> <b>Vanilla Soy milk</b></p> 	<p><i>Pacific</i> <b>All Natural Ultra Soy Vanilla</b></p> 	<p><i>Sunrich Naturals</i> <b>Vanilla Soy milk</b></p> 	<p><i>Kikkoman</i> <b>Pearl Organic Soy milk Smart Creamy Vanilla</b></p> 
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\*TPC does not endorse any product, please check current product labels to ensure the product meets the USDA requirements for a non-dairy substitute.

**DOCUMENTATION TO SHOW NON-DAIRY BEVERAGE MEETS THE NUTRITIONAL STANDARDS**

If you prefer to provide a non-dairy beverage not on the approved list above, a copy of the Nutrition Facts label must be provided to the Program in order to determine if it meets the USDA nutrient standards for a milk substitute.

NOTE: Almond milk, rice milk, and coconut milk do not contain enough protein to meet the USDA nutrient standards for a milk substitute.

**Nutrition Facts**  
Serving Size 1 cup (8 fl oz)  
Servings Per Container 1  
Amount Per Serving  
Calories 90  
Total Fat 7g 14%  
Sodium 100mg 20%  
Total Carbohydrate 12g 4%  
Protein 9g 18%  
Vitamin A 2% • Vitamin C 0%  
Calcium 2% • Iron 8%  
\*Percent Daily Values are based on a 2,000 calorie diet.

<b>To be completed by Program</b>
<b>Name of Product:</b>
<b>Enter information from nutrition facts label into the non-dairy beverage tool calculator*</b> <a href="https://dpi.wi.gov/sites/default/files/imce/community-nutrition/xls/non_dairy_tool.xls">https://dpi.wi.gov/sites/default/files/imce/community-nutrition/xls/non_dairy_tool.xls</a> (Guidance Memo (GM) webpage: Under DPI GM 12 or L, Special Dietary Needs)
<b>Does the product meet the USDA nutrient standards for a milk substitute?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO — <b>Meals/snacks at which this item is served as a required component cannot be claimed for CACFP reimbursement</b>
<b>*Attach a copy of the completed non-dairy beverage tool calculator to this form.</b>

The term *Program* refers to all facility types in the CACFP: group child care centers, family day care homes, afterschool programs, & emergency shelters