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PUBLIC INSTRUCTION

**FISCAL YEAR 2012  
CHILD AND ADULT CARE FOOD PROGRAM  
FAMILY DAY CARE HOME SPONSOR MEMORANDUM #29**

**TO:** Family Day Care Home Sponsors

**FROM:** Kyle L. Guerrant, Director *(K.L.G.) 9-27-12*  
Office of School Support Services

**DATE:** September 27, 2012

**SUBJECT: Fluid Milk and Fluid Milk Substitutions - Revised**

**The Michigan Department of Education (MDE) has found non-compliance with fluid milk requirements during administrative reviews in Fiscal Year (FY) 2012. The following guidance was released in an Operational Memorandum #9, dated May 25, 2011. This guidance has been updated and is now reissued as a reminder of the new fluid milk requirements. Full compliance was required effective October 1, 2011. Failure to comply with these provisions will result in a disallowance of meals and snacks.**

The Healthy, Hunger-Free Kids Act of 2010 (the Act), Public Law 111-296, modified requirements for fluid milk and fluid milk substitutions in the Child and Adult Care Food Program (CACFP).

Section 221 of the Act amends section 17(g) of the Richard B. Russell National School Lunch Act [42 U.S.C. 1766(g)] by requiring that fluid milk served in the CACFP be consistent with the most recent version of the Dietary Guidelines for Americans. It also allows the substitution of non-dairy beverages that are nutritionally equivalent to fluid milk in cases of special dietary needs.

**Fat-Free and Low-Fat Milk**

Milk served in CACFP must be consistent with the most recent version of the Dietary Guidelines for Americans. 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 in CACFP to participants two years of age and older must be: fat-free or low-fat milk, fat-free or low-fat lactose reduced milk, fat-free or low-fat lactose free milk, fat-free or low-fat buttermilk, or fat-free or low-fat acidified milk. Milk served must be pasteurized fluid milk that meets Michigan and local standards and may be flavored or unflavored. Whole milk and reduced-fat (2%) milk may not be served to participants over two years of age. Whole milk is recommended for children between age one and two.

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Child's Age	Milk Variety
Birth to 1 year	Breast milk or iron-fortified infant formula
1 year to 2 years	Whole Milk (recommended)
2 years and older	Low-Fat or Fat-Free Milk (1%, ½% or Skim)

### Fluid Milk Substitutes

In the case of children who cannot consume fluid milk due to medical or other special dietary needs other than a disability, non-dairy beverages may be served in lieu 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, as outlined in the National School Lunch Program (NSLP) regulations at 7 CFR 210.10 (m)(3), as listed below:

Fluid Milk Substitute	Nutrition Standards
Nutrient	Per Cup
Calcium	276 mg
Protein	8 g
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Phosphorous	222 mg
Potassium	349 mg
Riboflavin	.44 mg
Vitamin B-12	1.1 mcg

Attached is the List of Non-Dairy Beverages Creditable as Fluid Milk Substitutes that have been identified to meet USDA's nutrition standards for fluid milk substitutes. Such substitutions would be at the option and the expense of the facility.

There may be other fluid milk substitutes that meet these requirements. Therefore, parents or guardians could request, in writing, a fluid milk substitute, as described above, without providing a medical statement. Attached, please find the "Fluid Milk Substitution Request" form for parents/participants to complete when requesting a fluid milk substitute. The form will be posted on our website at [www.michigan.gov/cacfp](http://www.michigan.gov/cacfp) under Resources.

Please be reminded, the requirements related to milk or food substitutions for a participant who has a medical disability and who submits a medical statement signed by a licensed physician remain otherwise unchanged.

If you have any questions regarding this memorandum, contact the CACFP office at 517-373-7391.

Michigan Department of Education  
Child and Adult Care Food Program

**List of Non-Dairy Beverages  
Creditable as  
Fluid Milk Substitutes**

Approved as of October 1, 2012

USDA Nutrient Requirements per 8 oz	Calcium	Protein	Vitamin A	Vitamin D	Magnesium	Phosphorus	Potassium	Riboflavin	Vitamin B12
	276 mg	8 g	500 IU	100 IU	24 mg	222 mg	349 mg	0.44 mg	1.1 mcg
8 <sup>th</sup> Continent Original Soymilk <a href="http://www.8thcontinent.com/product-finder/">http://www.8thcontinent.com/product-finder/</a>	300 mg	8 g	500 IU	100 IU	24 mg	250 mg	360 mg	0.51 mg	1.2 mcg
Kikkomon Pearl Smart Creamy Vanilla <a href="http://www.kikkomanusa.com/product_locator/">http://www.kikkomanusa.com/product_locator/</a>	341 mg	9 g	578 IU	118 IU	80 mg	401 mg	410 mg	0.75 mg	1.58 mcg
Kikkomon Pearl Smart Chocolate <a href="http://www.kikkomanusa.com/product_locator/">http://www.kikkomanusa.com/product_locator/</a>	388 mg	8 g	613 IU	110 IU	96 mg	456 mg	550 mg	0.77 mg	1.54 mcg
Pacific Natural Ultra Soy: Plain and Vanilla <a href="http://www.pacificfoods.com/where-to-buy">http://www.pacificfoods.com/where-to-buy</a>	284 mg	10 g	500 IU	100 IU	52 mg	254 mg	381 mg	0.5 mg	1.47 mcg
Sunrich Naturals Soymilk Original and Vanilla <a href="http://www.sunrich.com/products.html">http://www.sunrich.com/products.html</a>	300 mg	8 g	500 IU	100 IU	40 mg	228 mg	360 mg	0.45 mg	1.1 mcg

Michigan Department of Education  
Child and Adult Care Food Program

**Fluid Milk Substitute Request**

Dear Parent/Guardian/Participant:

Congratulations! Your provider participates in the Child and Adult Care Food Program (CACFP). Participating in CACFP means the provider cares about good nutrition. The provider will introduce and serve a variety of nutritious foods for participants to eat and will serve foods appropriate to meet nutritional requirements for participants' health and well-being. Depending upon the hours in care, your provider will be serving breakfast, morning snack, lunch, afternoon snack, supper and/or a late snack.

Fluid milk is a required meal component for breakfast and lunch. (For CACFP participants, fluid milk is also required to be served during supper for children.) It is an optional component for a snack. In the case of a participant who cannot consume fluid milk due to medical or other special dietary needs other than disability, non-dairy beverages may be served in substitution of fluid milk. CACFP requires the non-dairy milk substitute to be nutritionally equivalent to milk and meet the following nutritional standards:

<b>Required Nutrients</b>	<b>Required Amounts Per Cup</b>	<b>%DV</b>
Calcium	276 mg	28%
Protein	8 g	16%
Vitamin A	500 IU	10%
Vitamin D	100 IU	25%
Magnesium	24 mg	6%
Phosphorus	222 mg	22%
Potassium	349 mg	10%
Riboflavin	0.44 mg	26%
Vitamin B-12	1.1 mcg	18%

If you (participant) or your family member (parent/guardian) cannot consume fluid milk due to medical or other special dietary needs (other than a disability), please complete the following "Participant/Parent/Guardian Section" and return this completed form to your provider.

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**Participant/Parent/Guardian Section - Please Complete**

<b>Participant's Name:</b>	<b>Age:</b>	<b>Substitute Requested:</b>
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Please describe the medical or other special dietary need that restricts participant from consuming cow's milk:

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Please enter your requested product's nutritional requirements in the table below. It should be compared to the nutritional standards listed to show the nutritional equivalence is met or exceeded.

Required Nutrients	Required Amounts Per Cup	%DV	Per Cup or %DV in Substitute product
Calcium	276 mg	28%	
Protein	8 g	16%	
Vitamin A	500 IU	10%	
Vitamin D	100 IU	25%	
Magnesium	24 mg	6%	
Phosphorus	222 mg	22%	
Potassium	349 mg	10%	
Riboflavin	0.44 mg	26%	
Vitamin B-12	1.1 mcg	18%	

I choose to provide the substitute product to my provider. By providing a creditable milk substitute, I understand that the provider may receive meal reimbursement for the meal/snack served.

I choose to not provide the substitute requested. I understand the provider is not required, but has the discretion to, purchase and provide \_\_\_\_\_ as requested. (Name of Substitute)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Provider Section – Please complete the above nutrient analysis of the substitute requested by the parent/guardian and this section. Keep this form on file.**

I have determined the nutritional quality of the non-dairy milk substitute requested by comparing the requested substitute's nutritional values to the approved values. The substitute requested is (circle one):

**CREDITABLE**

**NOT CREDITABLE**

I understand I have the discretion to purchase and provide a creditable substitute, as requested, if the participant/parent/guardian does not provide the non-dairy milk substitute beverage. I understand I may only claim meal reimbursement for eligible meals.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

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