Milk Policy

Catholic Charities Maine – CACFP will follow guidance from USDA in their Serving Milk in the CACFP flyer as our policy. All age groups are listed on this flyer (see attached).

Whole milk for children 2(+) years: Any request for this must be made using a Dietary Restrictions & Substitutions Statement Form (attached) completed by a physician or medical authority.

Following USDA guidance, a 30-day transition period will be permitted when transitioning between milk types.

Milk Substitutions:

Parent Requests: When a parent requests a child be served a non-dairy alternative to cow’s milk, it must be done in writing and kept on file with the provider/facility. It must identify the reason for the special request. All non-dairy beverages served must be nutritionally equivalent to cow’s milk. Parent or provider may provide the substitution.

Request due to Medical or Special Dietary Need: If a child is unable to consume cow’s milk due to a medical or special dietary need, the Dietary Restrictions & Substitutions Statement Form must be completed by a physician or medical authority and submitted to Catholic Charities Maine – CACFP. It must also be kept on file by the provider/facility. Provider/Facilities must provide this substitution for the meal to be creditable.

Family-Style Meals: The provider/facility will ensure that enough milk is placed on the table by using appropriately sized pitchers that hold enough milk for every child at the table. The CACFP Monitor, when doing a review, must calculate the number of children at the table along with the appropriate serving per age group to determine if the required amount of milk is served. Water may also be served alongside milk, but not in place of milk.

Catholic Charities Maine – CACFP will require written documentation on paper and the CACFP software regarding types of milk served.

Catholic Charities Maine is an equal opportunity employer.

Updated 6/30/2020
Serving Milk in the CACFP

Use the information below to see what kind of milk to serve in the Child and Adult Care Program (CACFP) to those in your care.

<table>
<thead>
<tr>
<th>Newborn through 11 months old</th>
<th>12 months through 23 months (1 year through 1 year and 11 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Breastmilk</td>
<td>✓ Unflavored whole milk</td>
</tr>
<tr>
<td>✓ Iron-fortified formula</td>
<td>Iron-fortified formula may be served to children between the ages of 12 months to 13 months to help with the transition to whole milk.</td>
</tr>
</tbody>
</table>

Breastmilk is allowed at any age in the CACFP.

<table>
<thead>
<tr>
<th>2 years through 5 years (up to 6th birthday)</th>
<th>6 through 12 years, 13 through 18 years, and adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Unflavored fat-free (skim) milk</td>
<td>✓ Unflavored fat-free (skim) milk</td>
</tr>
<tr>
<td>✓ Unflavored low-fat (1%) milk</td>
<td>✓ Flavored fat-free (skim) milk</td>
</tr>
<tr>
<td></td>
<td>✓ Unflavored low-fat (1%) milk</td>
</tr>
<tr>
<td></td>
<td>✓ Flavored low-fat (1%) milk</td>
</tr>
</tbody>
</table>

Unflavored whole milk and unflavored reduced-fat (2%) milk may be served to children between the ages of 24 and 25 months to help with the transition to fat-free (skim) or low-fat (1%) milk.

Non-dairy beverages may be served in place of cow’s milk when a participant has a special dietary need. Please contact your Sponsoring Organization or State agency for more information.

For Adult Participants:

Yogurt may be served in place of milk once per day.

A serving of milk is optional at supper.

The Facts on Flavored Milk:

Flavored milk cannot be part of a reimbursable meal or snack for children 5 years old and younger.

Homemade flavored milk made by adding flavored straws, syrups, and powders to unflavored milk also cannot be part of a reimbursable meal or snack for children 5 years old and younger.

Flavored milk served to children 6 years old and older and to adults must be fat-free (skim) or low-fat (1%).

More training, menu planning, and nutrition education materials for the CACFP can be found at https://teamnutrition.usda.gov.
Try It Out!
Milk Matters!

Use the information on this worksheet to answer the questions below.

1. Maya is a 1-year-old at your family child care home and eats lunch at the same time as Darrick, who is 2 years old. What type(s) of milk may you serve each child?

<table>
<thead>
<tr>
<th>Maya’s Age:</th>
<th>1 year</th>
<th>Type(s) of Milk:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darrick’s Age:</td>
<td>2 years</td>
<td>Type(s) of Milk:</td>
</tr>
</tbody>
</table>

2. Olivia is a 5½-year-old who attends your family child care home. What kind(s) of milk may you serve her in the CACFP?

| Olivia’s Age: | 5½ years | Types of Milk: |

3. At your adult day care center, you want to serve yogurt at breakfast and again that same day, during lunch. Both times, yogurt would be served in place of milk. Is this allowed? Why or why not?

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**Answer Key:**

1. *Milk is not served in place of yogurt.* Milk at the same meal time as solid foods. If you are serving yogurt as a meal substitute, you may not serve yogurt in place of milk.

2. *Whole milk is used at 1 year of age.* Whole milk is recommended for children 1 year of age. Since Olivia is 5½ years old, she can be served whole milk.

3. Whole milk is served at 1 year of age. Since Olivia is 5½ years old, she can be served whole milk. Whole milk is recommended for children 1 year of age. Since Olivia is 5½ years old, she can be served whole milk.

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FNS-654 Slightly Revised October 2019
USDA is an equal opportunity provider, employer, and lender.
Dietary Restrictions & Substitutions Statement

The following statement is for United Stated Department of Agriculture (USDA) programs, including the Child and Adult Care Food Program.

USDA regulations 7CFR Part 15B requires substitution or modifications in school/program meals for children whose disabilities (defined below) restrict their diets. A child with a disability must be supplied substitutions in 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.

- **“Disability”**: A physical or mental impairment which substantially limits one or more of an individual’s major life activities.
- **“Major Life Activity”**, as defined by ADAAA: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and major bodily functions.
- **“Major Bodily Functions”** has been defined as: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.

The statement must include the following:

**To be completed by Parent/Guardian**

Child’s Name: ________________________________ Date of Birth: _____________

Parent/Guardian Name: ____________________________

Address: ______________________________________

_____________________________________________

Phone Number: (Home) ___________________ (Work) ___________________

Parent/Guardian Signature: ___________________________________________ Date: _____________

**To be completed by child’s Physician or Medical Authority:**

State the “disability” and major life activities affected:

_____________________________________________

List the food allergies or food intolerances: List the food or beverages to be substituted:

_____________________________________________

_____________________________________________

List any additional dietary restrictions or special diet:

_____________________________________________

_____________________________________________

Physician’s Name: ____________________________ Office Number: ________________

Physician/Medical Authority Signature: ___________________________ Date: _____________

*Please have parent/guardian review form annually and initial/date if no changes are required.
*Any changes require submission of a new form signed by the child’s physician or medical authority.
Catholic Charities Maine - CACFP
MILK REQUIREMENTS

**FAT-FREE AND LOW-FAT MILK:** Milk served in the 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 low-fat (1%) or fat-free (skim) 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 State and local standards. Flavored milk must be skim and may not be served to children younger than 6 years of age. Whole milk and reduced-fat (2%) milk may not be served to participants over two years of age. If served, the meal is not reimbursable and will be disallowed.

**WHOLE MILK:** It is required that children 12 through 23 months of age be served whole milk only.

Can a parent or guardian request that their child (2+) be served whole or reduced fat (2%) milk? No. It is required that milk served to children in the CACFP be aligned with the most recent Dietary Guidelines for Americans. The 2010 Dietary Guideline for Americans recommends that persons over the age of two, consume low-fat (1%) or fat-free (skim) milk. Therefore, any request for higher fat milk must be made through a medical statement, related to a medical disability and prescribed by a licensed physician.

**NON-DAIRY BEVERAGES:**

What if a child is not able to consume fluid milk due to a MEDICAL or OTHER SPECIAL DIETARY NEED (documentation required from doctor), other than a disability? Non-dairy beverages may be served in lieu of fluid milk. If this substitution is required by a doctor, it must be provided by the institution for the meal to be reimbursable.

What if a parent or guardian requests in writing a non-dairy milk substitution (without providing a doctor’s note) due to choice (for example: vegan diet)? The parent can submit a written request to the child care provider asking that soy milk, for example, be served in lieu of cow’s milk. The written request must identify the medical or other special dietary need that restricts the diet of the child. 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. Either the provider or the parent can supply the substitution, the meal is reimbursable.

The type of milk being served to each age group must be documented for the monitor to determine that appropriate milk is being served to each child. If providers are serving family style meals, cups must be big enough to hold the entire minimum serving size of milk.

6-30-2020
MILK SUBSTITUTES...MINIMUM NUTRITIONAL REQUIREMENTS

<table>
<thead>
<tr>
<th>NUTRIENT</th>
<th>UNIT</th>
<th>VALUE PER CUP (244g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td>g</td>
<td>8</td>
</tr>
<tr>
<td>Calcium, Ca</td>
<td>mg</td>
<td>276</td>
</tr>
<tr>
<td>Magnesium, Mg</td>
<td>mg</td>
<td>24</td>
</tr>
<tr>
<td>Phosphorus, P</td>
<td>mg</td>
<td>222</td>
</tr>
<tr>
<td>Potassium, K</td>
<td>mg</td>
<td>349</td>
</tr>
<tr>
<td>Riboflavin</td>
<td>mg</td>
<td>0.44</td>
</tr>
<tr>
<td>Vitamin B-12</td>
<td>μg</td>
<td>1.10</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>IU</td>
<td>500</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>IU</td>
<td>100</td>
</tr>
</tbody>
</table>

Based upon USDA required nutrients - fortified to the levels found in whole milk

**Mcg to IU Conversion:**

\[ \text{Mcg Amount/Biological equivalent} = \text{IU} \]

**Biological Equivalent:**

- Vitamin A: 0.3mcg
- Vitamin D: 0.025 mcg

**USDA Approved Fluid Milk Substitutes**

<table>
<thead>
<tr>
<th>MILK PROTEIN ALLERGY</th>
<th>LACTOSE INTOLERANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th Continental Original Soy Milk</td>
<td>Lactaid (lactose free) Milk</td>
</tr>
<tr>
<td>Pearl Organic Soymilk Smart Original</td>
<td>Low Fat Lactose Reduced Milk</td>
</tr>
<tr>
<td>Pearl Organic Smart Vanilla Soy Milk</td>
<td></td>
</tr>
<tr>
<td>Pearl Organic Smart Chocolate Soy Milk</td>
<td></td>
</tr>
</tbody>
</table>

*As of May 28, 2020

Milk substitute labels should be checked frequently to ensure compliance with nutritional guidance.

Parents or guardians may now request in writing non-dairy milk substitutions, as described above, without providing a medical statement. As an example, if a parent has a child who follows a vegan diet, the parent can submit a written request to the child’s caretaker asking that soy milk be served in lieu of cow’s milk. The written request must identify the medical or other special dietary need that restricts the diet of the child.

It is at the caregiver’s discretion to provide a non-dairy substitute if it is not related to a medical disability. All non-dairy milk substitutes are at the expense of the caregiver and/or the child’s parent or guardian.

If a parent provides a non-dairy milk substitute that meets the nutritional standards as outlined in 7 CFR 210.10 (m)(3) and that has been approved by the State agency, the caregiver may serve the non-dairy milk substitute and still claim reimbursement for the meal.

**Fat Free = Skim Milk**

**Reduced Fat = 2% Milk Fat**

**Low Fat = 1% Milk Fat**

**Full Fat = Whole Milk**