



# Spokane Head Start/ECEAP/EHS NUTRITION REQUEST FOR FLUID MILK SUBSTITUTION

Spokane County Head Start/ECEAP/EHS is committed to providing high quality and healthy food choices for all children. If your child has a special, non-life threatening diet need, we will consider a parent request for fluid milk substitution. The Child and Adult Care Food Program (CACFP) have set standards for the foods we serve and we are mandated to follow them. Flavored non-dairy beverages cannot be served to children 1–5 years of age.

## Non-dairy milk substitution request

At this time, only five brands of non-dairy milk substitutes are available in Washington that meet the definition of being nutritionally equivalent to cow's milk:

1. 8<sup>th</sup> Continent Soymilk (Original only)
2. Great Value Original Soymilk from WalMart (red top only)
3. Pacific Ultra Soy (Original only)
4. Kirkland Organic Soymilk (Plain)
5. Silk Original Soymilk

By completing the information below, your child will be served a fluid milk substitution.

Name of participating child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Identify why your child requires a non-dairy milk substitute (for example: milk intolerance, vegetarian or religious restriction):

\_\_\_\_\_

I request that my child be served one of the available soy beverages. All other foods on the menu made with milk may be offered including items: like pizza, yogurt, cheese sticks, cottage cheese and macaroni and cheese.<sup>1</sup>

OR

I will provide an unapproved non-dairy milk substitute for my child - please list: \_\_\_\_\_. I understand that Head Start/ECEAP/EHS cannot claim meals that require milk unless my child has a documented medical disability, diagnosed by a Recognized Medical Authority, either M.D or D.O, Physician's Assistant with prescriptive authority (PA), Naturopathic Physician or Advanced Registered Nurse Practitioner (ARNP).

For vegetarian/religious restrictions, please list the foods your child should not be offered:

\_\_\_\_\_

OR

## Other fluid milk substitution requests

I request that my child be served one of the below listed milk substitutions. All other foods on the menu made with milk may be offered including items like pizza, yogurt, cheese sticks, cottage cheese, and macaroni and cheese.<sup>1</sup>

1% Lactose-reduced milk (whole for children 12-24 months)

1% Lactose-free milk (whole for children 12-24 months)

I will provide 1% or nonfat organic milk to be served in the place of the milk served by HS/EHS (whole for children 12-24 months)

<sup>1</sup>If your child cannot consume these foods, additional paperwork may need to be completed.

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

Site/Room: \_\_\_\_\_ FSC: \_\_\_\_\_