**Child Care Facility Guidance Cover Sheet**

Use this sample form when a family requests that a child be served an alternative to cow’s milk AND the family plans to bring this milk substitute from home.

* Please refer to [NC Sanitation of Child Care Centers Rule](https://ncchildcare.ncdhhs.gov/Services/Child-Care-Rules-Law-and-Public-Information) 15A NCAC 18A .2806 (d) for storage and written permission requirements.
* If a child in a center or family child care home has a disability that requires a milk substitute or another dietary need prescribed by a health professional, an additional medical statement is needed as per NC 10A NCAC 09 .0901 (h) / .1706 (d) and CACFP requirements.
* Facilities that participate in the CACFP may have to comply with additional regulations. Please see [USDA Policy Memo CACFP 17-2016](https://www.fns.usda.gov/cacfp/nutrition-requirements-fluid-milk-and-fluid-milk-substitutions-cacfp-qas) for additional information about serving milk and milk substitutes. For more guidance on accommodations for children with disabilities, please see the [Policy Memo CACFP 17-09(a).](https://www.ncdhhs.gov/cacfp-09a-2017pdf/download?attachment) For the most up to date guidance, go to the NC CACFP website where you may also contact them with specific questions: <https://www.ncdhhs.gov/nccacfp>
* For other questions, please contact the Child Care Health Consultant (CCHC) in your area. To find your CCHC, go to: <https://healthychildcare.unc.edu/find-a-cchc/>

|  |  |
| --- | --- |
| **Name of Child Care Facility:** |  |
| **Name of Child:** |  |
| **Type of Milk Substitute:** |  |
| **Date:**  | ­­ |

Our child care facility offers whole unflavored cow’s milk for children aged 12-23 months and unflavored skim or 1% milk for children aged 24 months-5 years. Families may provide a milk substitute for their child (for example, soy milk or pea milk). Milk substitutes *must / should (facility choose one)* provide equivalent amounts of the calcium, protein, and other important nutrients found in cow’s milk. For your child’s class, our facility serves the amounts marked below or specified on the child’s medical statement:

[ ]  At breakfast: [ ]  4 oz (1/2 cup) / [ ]  6 oz (3/4 cup) / [ ]  8 oz (1 cup) *(facility choose one)*

[ ]  At lunch: [ ]  4 oz (1/2 cup) / [ ]  6 oz (3/4 cup)/ [ ]  8 oz (1 cup) *(facility choose one)*

[ ]  At snack: [ ]  4 oz (1/2 cup) / [ ]  4 oz (3/4 cup) / [ ]  8 oz (1 cup) *(facility choose one)*

Each week, this adds up to \_\_\_\_oz.

**Parent or legal guardian:** Choose **one** of the following options for providing a milk substitute that will be served whenever milk is on the menu or as prescribed by a health professional:

[ ]  **Daily:** Each **day** I will**:**

* send enough fully prepared container(s) of milk substitute (sealable cup, sippy cup, single serving box, etc.) to meet the child’s needs **for the day**.
* send separate containers with adequate servings for each meal or snack at which milk will be served.
* label container(s) with the date and the child’s name.

I understand that:

* any left-over milk substitute in the container will neither be returned to the refrigerator nor served again after the completion of the meal or snack.
* left-over milk must be discarded or returned home at the end of each day. I [ ]  **do** / [ ]  **do not** request that leftover milk be returned home at the end of each day.
* I will need to provide an insulated bag and cold pack if I want the leftover milk to be kept cool.

[ ]  **Weekly:** At the **beginning of each week,** I will:

* send an unopened, factory-sealed container (box, bottle, jug, etc.) of milk substitute to meet the child’s needs **for the week**. This container will be stored in a full-sized refrigerator at 45 degrees Fahrenheit and served to the child in a cup from the child care facility.
* label the container with the date and the child’s name at the beginning of each week.
* If this container runs out during the week, I will send another labeled, unopened, factory-sealed container when the child care facility informs me it is needed.

I understand that milk left over at the end of the week must be discarded or returned home. I [ ]  **do** / [ ]  **do not** request that leftover milk be returned home at the end of each week.

I understand the information above and agree to follow the steps outlined in this document.

|  |
| --- |
| **Parent/legal guardian name:** |
| **Signature:** | **Date:** |