

OCDC - Family Day Care Homes Meal Preference Request Form

Site/Provider Name: _____	Submit this form to: OCDC – Family Day Care Homes 1345 Center Drive #F Medford OR 97501 FAX 971-224-1355
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Part I To be completed by Parent/Guardian, Adult Participant, or OCDC - Family Day Care Homes

Name of Participant: _____
Parent/Guardian Name: _____ Phone #: _____

Part II To be completed by Parent/Guardian or Adult Participant

Note: This form is for non-medical meal preference requests. If a medical meal accommodation is required, a Medical Statement must be completed instead.

1. Check one or more boxes: Additional instructions are available on the back of this form		
<input type="checkbox"/> A. The participant requests a Nutritionally Equivalent Milk Substitute ⁵		
Nutritionally Equivalent Milk Substitute Available: _____	(List full brand name/ flavor)	
<input type="checkbox"/> B. The participant requests other non-medical ⁵ food accommodations, fill out section below		
Food(s) to be Omitted: _____	Suggested Substitution(s): _____	
_____	_____	
_____	_____	
2. Signature and Date of Parent/Guardian or Adult Participant:		
_____	_____	_____
Printed Name	Signature	Date

Part III OCDC - Family Day Care Homes Use Only

Accommodation(s) Made: _____
Sponsor Signature: _____ Date: _____

Instructions for completing the Meal Preference Request Form:

1. **Organization Name:** Include the name of the Sponsoring Organization that is providing the form
2. **Site/Provider Name:** Print the name of the site where meals will be served (e.g., ABC School, XYZ Child Care Center)
3. **Submit this form to:** Include the name and contact information for the organization staff who will be collecting the completed form
4. **Part I:** This section can be completed by the **Parent/Guardian, Adult Participant, or Organization**
 - a. **Name of Participant:** Print the first and last name of the child or adult participant
 - b. **Parent/Guardian Name:** Print the first and last name(s) of the parent or guardian. This is not required for adult participants.
 - c. **Phone #:** Include a number for the parent/guardian in case of questions
5. **Part II:** This section must be completed by the **Parent/Guardian or Adult Participant** except for the Nutritionally Equivalent Milk Substitute Available section.
 - a. In section 1 – **check one or more boxes:** Check all boxes that apply.
 - i. A **Nutritionally Equivalent Milk Substitute** is defined as a non-dairy substitute that is nutritionally equivalent to cow's milk, as outlined in the National School Lunch Program (NSLP) regulations at 7 CFR 210.10(d)(3). Not all non-dairy substitutes will meet this requirement. For more information and a list of acceptable substitutes, refer to the ODE CNP Meal Accommodations and Modifications page.
 - ii. **Nutritionally Equivalent Milk Substitute Available:** The Sponsoring Organization will include the full name and flavor of the Nutritionally Equivalent Milk Substitute that is available per the Organization's policy. If available, it must be provided at no extra charge for participants.
 - iii. A **non-medical food accommodation** may include any meal accommodations due to religious, cultural, or personal preference (e.g., vegetarian, Kosher, etc.)
 - iv. If the non-medical food accommodation is checked, include both the **food(s) to be omitted and the suggested substitution(s)**. Sponsoring Organizations may omit all food(s) as requested and may also accommodate suggested substitutions according to their organization's policies.
 - b. In section 2 – **Signature and Date of Parent/Guardian or Adult Participant:** Print the full name of the parent/guardian or adult participant who is requesting the accommodation, sign, and date. This form will be considered incomplete if this section is not filled in.
6. **Part III:** This section must be completed by the Sponsoring Organization after Parts I and II are completed.
 - a. **Accommodations Made:** The Sponsoring Organization staff will indicate what accommodations will be made for the requests made in Part II. All non-medical food substitutions served must meet meal pattern in order to be reimbursable.
 - b. **Sponsor Signature and Date:** The Sponsoring Organization staff will sign and date the form. This form will be considered incomplete if this section is not filled in.

This form is only for non-medical meal preference requests and accommodations are subject to policies set by the Sponsoring Organization. Participants requiring a medical meal accommodation should be provided with a Medical Statement to be filled out by a licensed medical professional.

Sustituciones de leche nutricionalmente equivalentes

La leche líquida es un componente requerido de la mayoría de las comidas dentro de los Programas de Nutrición Infantil. En el CACFP, las organizaciones patrocinadoras pueden optar por poner a disposición sustitutos de la leche nutricionalmente equivalentes para los participantes sin discapacidades que no pueden consumir leche líquida. ([7 CFR 210.10\(m\)](#)).

Tabla: Normas nutricionales para sustitutos de la leche nutricionalmente equivalentes

Nutrient	Per cup (8 fl oz)
Calcio	276 mg
Proteína	8 g
Vitamina A	500 IU
Vitamina D	100 IU
Magnesio	24 mg
Fosforo	222 mg
Potasio	349 mg
Riboflavina	0.44 mg
Vitamina B-12	1.1 mcg

Un sustituto de la leche nutricionalmente equivalente debe cumplir con los estándares nutricionales para la fortificación de calcio, proteínas, vitamina A, vitamina D y otros nutrientes a los niveles que se encuentran en la leche de vaca.

Las organizaciones patrocinadoras pueden usar la lista desarrollada por los Programas de nutrición infantil de ODE (ODE CNP) de sustitutos de la leche nutricionalmente equivalentes aprobados que se muestra a continuación. Todos los sustitutos de la leche enumerados cumplen con los estándares nutricionales para sustitutos de la leche nutricionalmente equivalentes.

Sustitutos de leche nutricionalmente equivalentes aprobados por ODE CNP *:

- 8th Continent Soy Milk (plain and vanilla)
- Kikkoman Pearl Smart Organic Soy Milk, 8.25 ounce individual pack only (Smart Creamy Vanilla and Smart Chocolate)
- Kirkland Organic Soymilk (plain)
- Pacific Soy Ultra (plain and vanilla)
- Silk Original Soymilk (plain, very vanilla, chocolate)
- Sunrich Naturals Organic Soymilk (plain and vanilla)
- Walmart Great Value Soymilk (original)
- Westsoy Organic Plus (plain and vanilla)

***Notas:**

Cualquier producto que no coincida con los elementos enumerados anteriormente requerirá documentación adicional de los fabricantes.

Esta lista no incluye todas las bebidas que pueden estar disponibles en el mercado detallista o comercial de comestibles. ODE CNP proporciona la lista de sustitutos de leche nutricionalmente equivalentes según la información recibida de los patrocinadores y/o fabricantes y no es un respaldo del producto.

Los fabricantes pueden tener varios productos diferentes con empaques y nombres de productos similares, pero con una composición nutricional diferente.

Las organizaciones patrocinadoras que atienden **a niños de 5 años o menos en el patrón de comidas del CACFP solo pueden usar sustitutos de la leche naturales o sin sabor** como parte de una comida reembolsable.

Si el sustituto de la leche solicitado no es uno de los sustitutos de la leche nutricionalmente equivalentes aprobados por ODE CNP, el ejercicio y la hoja de trabajo en la página siguiente pueden usarse para ayudar a las organizaciones patrocinadoras a identificar sustitutos de la leche nutricionalmente equivalentes que cumplan con los estándares que se muestran en el cuadro anterior.