

## Fluid Milk Substitute Worksheet

Contracting Entities (CEs) must notify the Texas Department of Agriculture (TDA) of their intention to serve a milk substitute must complete this worksheet and email it as an attachment to [squaremeals@TexasAgriculture.gov](mailto:squaremeals@TexasAgriculture.gov).

### Measurement Abbreviations

- g = grams
- mg = milligrams
- mcg = micrograms
- U = international units

The Daily Values (DV) are the standard values developed by the Food and Drug Administration (FDA) for use on food values. The values are based on 2000 kcalories a day for adults and children over 4 years old.

Part I, Contracting Entity (CE) Information	
Contracting Entity (CE) Name:	CE Identification Number (CEID):
Name of Person Submitting Form:	Date:
Telephone Number:	Email Address:

Part II, Product Information
Product Name & Manufacturer:

Nutrient	(2) Labels May Report the Daily Value (DV) Amount of the Named Nutrient in the Product by Different Methods			(3) Amount Listed on the Product Label	(4) Comparison to Minimum Amount	
	Required Minimum DV Amount Per 8 Fluid Ounces				Equal to or Greater Than	Less Than
	Current FDA <sup>1</sup> DV Amount by Weight	Older FDA DV Amount by Weight	Percentage <sup>2</sup> of DV in the Product			
Calcium	276 mg	276 mg	30%			
Protein	8 g	8 g	—			
Vitamin A	150 mcg	500 IU	10%			
Vitamin D	2.5 mcg	100 IU	25%			
Magnesium	24 mg	24 mg	6%			
Phosphorus	222 mg	222 mg	20%			
Potassium	349 mg	349 mg	10%			
Riboflavin	0.44 mg	0.44 mg	25%			
Vitamin B-12	1.1 mcg	1.1 mcg	20%			

Part III, Determination If Product Meets the Requirements for a Milk Substitute
<p>Does product meet the minimum nutrient requirements for a milk substitute?</p> <p><input type="checkbox"/> <u>Yes</u>, if the checks recorded in Column 5 indicate that <u>all</u> of the listed product nutrients are equal to or greater than the minimum amount recorded in Column 3.</p> <p><input type="checkbox"/> <u>No</u>, if <u>any check</u> in Column 5 indicates that <u>any one</u> of the product nutrients <u>are less</u> than the minimum amount recorded in Column 3.</p>

Fat content of fluid milk substitutions, such as soy milk are **not** subject to the regulations regarding fat content that apply to regular fluid milk. Therefore, fluid milk substitutions **can** have a higher fat content than fat free or 1%.

<sup>1</sup> Additional information on the current FDA labeling requirements is available at <https://www.fda.gov/food/food-labeling-nutrition/changes-nutrition-facts-label>

<sup>2</sup> Labeling regulations require that amounts be reported to the nearest 5%, i.e., the actual percentage of calcium is 27.6%, but regulations require that this amount be reported as 30%.

## Directions: Fluid Milk Substitute Worksheet

### Purpose

This worksheet must be submitted by CEs that are notifying TDA of their intention to serve a milk substitute.

### How to Use this Worksheet

Complete the worksheet and submit the worksheet as an attachment to the Texas Department of Agriculture (TDA) using the following email address: [squaremeals@TexasAgriculture.gov](mailto:squaremeals@TexasAgriculture.gov). Be sure to retain all documentation that demonstrates compliance with the milk substitute requirements.

Use of This Form	
<b>Frequency</b>	As needed.
<b>Required Form Format</b>	Use this form to notify TDA that a milk substitute will be served.
<b>Record Retention</b>	Public and charter schools are required to keep documentation related to SNPs for five years.  Private schools, other nonprofit organizations, and residential child care institutions (RCCIs) are required to keep documentation for three years.

### Directions

#### Part I, Contracting Entity (CE) Information

- **Contracting Entity (CE) Name:** Record the name of the CE in the designated space.
- **CE Identification Number (CE ID):** Record the CE ID in the designated space.
- **Name of Person Submitting Form:** Record the name of the person submitting and certifying the accuracy of the information provided in the form in the designated space.
- **Date:** Record the date the form is completed in the designated space.
- **Telephone Number:** Record the phone number for the person submitting the form in the designated space.
- **Email Address:** Record the email address for the person submitting the form in the designated space.

#### Part II, Product Information

- Record the product name and the manufacturer in the designated space.
- Record the DV reported on the product label in Column 3 for each nutrient listed in Column 1.  
[NOTE: FDA has recently changed the method of measurement for DVs. However, as product labeling transitions to the new FDA standards, products may be labeled in either current method or the older method. The information provided in Column 2 will help in identifying the correct amount of DV for the product.]
- Compare the amounts listed in Column 4 to the weight or percentage listed in Column 3.
- Record a check under the correct description in Column 4 to indicate if the amount in Column 3 is *equal to or greater than* **or** *less than* the amount recorded in Column 2 for each nutrient listed in Column 1.

#### Part III, Determination If Product Meets the Requirements for a Milk Substitute

- Determine if the product meets the requirements for a milk substitute by reading the statement and checking the box with the accurate description based on the responses recorded in Column 4.

<p><u>Yes</u>, if all checks recorded in Column 4 indicate that <u>all</u> of the listed product nutrients are equal to or greater than the minimum amount recorded in Column 2.</p>	→	<p>The product <u>may be served</u> as a milk substitute.</p>
<p><u>No</u>, if <u>any check</u> in Column 4 indicates that the <u>any one</u> of the product nutrients <u>are less</u> than the minimum amount recorded in Column 2.</p>	→	<p>The product <u>cannot be served</u> as a milk substitute.</p>