



AMERICAN PUBLIC HEALTH ASSOCIATION

*For science. For action. For health.*

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Child Nutrition Programs  
Food and Nutrition Service  
Department of Agriculture  
Post Office Box 66874  
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SUBMITTED VIA: Regulations.gov

Re: Docket ID FNS-2011-0029

Dear Ms. Namian:

On behalf of the American Public Health Association, a diverse community of public health professionals who champion the health of all people and communities, I thank you for the opportunity to provide comments on “Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010” (7 CFR Parts 210, 215, 220 and 226).

APHA commends the U.S. Department of Agriculture for proposing a new meal pattern and standards for the Child and Adult Care Food Program, as well as the National School Lunch and Snack Program and the School Breakfast Program for preschool and afterschool programs. Healthier meals and snacks in child care and afterschool programs are important for supporting good health and reducing chronic disease related to poor nutrition, overweight, obesity and food insecurity.

APHA believes this is an important opportunity to strengthen the child nutrition programs’ role in addressing the nutritional shortfalls in children’s diets. We agree with USDA that the goal of improving good nutrition for low-income children in child care and afterschool programs is best served by a cost-neutral approach that improves nutrition without increasing net costs to ensure continued participation in CACFP. An updated food program, offering meals consistent with the U.S. Dietary Guidelines, including a great variety of fruits and vegetables, more whole grains, and less sugar and fat, will provide much-needed good nutrition to children in child care centers, family child care homes, Pre-K and afterschool programs.

APHA strongly endorses the need for updates to the CACFP nutrition standards, supports the approach that USDA takes, and offers recommendations regarding proposed alternative options and opportunities to strengthen the proposed regulations. Our comments and recommendations are organized into the following sections:

- I. Infant Meal Pattern
- II. Child and Adult Meal Pattern
- III. Best Practices
- IV. USDA Questions: Milk and Yogurt Alternatives
- V. Other Food Provisions
- VI. Implementation
- VII. Training
- VIII. Model Wellness Policies and a Recognition Program
- IX. School-based Provisions

## **I. Infant Meal Pattern**

### **A. Breast milk and iron-fortified formula**

Breastfeeding offers many health benefits to both infants and mothers.<sup>1</sup> Infants who breastfeed have a lower risk of respiratory and gastrointestinal tract infections, sudden infant death syndrome, allergic disease, celiac disease, inflammatory bowel disease, obesity, diabetes and certain types of cancer. Mothers who breastfeed have decreased postpartum blood loss, more rapid involution of the uterus, increased child spacing and decreased risk of type 2 diabetes. In spite of this, exclusive and partial breastfeeding rates have room for improvement in the U.S. with only 17 percent of infants being exclusively breastfed at 4-5.9 months of age and only 27 percent of infants 6-8 months of age breastfeeding at all.<sup>2</sup> Given the many benefits of breastfeeding, APHA offers the following endorsement:

- **APHA endorses the reimbursement for meals when the mother comes to the day care facility to breastfeed.** This change would provide additional incentives to child care providers to support and promote breastfeeding in child care facilities.

### **B. Infant Age Groups and the Introduction of Solid Foods**

According to the Feeding Infants and Toddlers Study, 29 percent of the infants in the study were introduced to solid foods before the recommended 4-6 months of age.<sup>2</sup> These results highlight the importance of creating recommendations that ensure that infants are developmentally ready before introducing solid foods. APHA offers the following recommendations to strengthen the proposed rule:

- **APHA recommends clear language for the introduction and transition to solid feeding.** According to American Academy of Pediatrics recommendations, the introduction of complementary foods begins at “around” or “approximately” 6 months of age not “at” 6 months of age. We are concerned that the proposed infant meal pattern is not flexible enough to accommodate variations in the timing of developmental readiness for solid foods. Regulations do not allow the flexibility needed for a two-part proposal that says “at” 6 months to work. AAP’s language of “approximately” encompasses a 4-7 month window of time depending on developmental readiness. Under the current CACFP system the timeframe of 4-7 months for the allowable introductions of solids is clear.

Parents let providers know when the introduction of complimentary foods has begun. Under the proposed new infant feeding pattern, providers would need a prescription from a physician to provide complimentary foods to infants in the 4-5 month window before 6 months of age.

The 6-11 month section of the proposed two-part infant meal pattern should be amended to reflect the fact that some infants, breastfeed and formula feed, will not be transitioning to food until after 6 months of age. The current rule reflects this in the 4 through 7 month section of the meal pattern by listing the infant food servings as “0-3 Tablespoons”. We recommend this same mechanism be used in the two-part meal pattern.

We recognize USDA has the difficult job of translating the Institute of Medicine recommendations into a regulatory framework. The Women, Infants, and Children structure used by IOM is not directly transferrable to a child care environment.

### **C. Infant Meat and Meat Alternates**

**APHA recommends allowing the consumption of cow’s milk products, cheese and yogurt among infants 6-11 months of age.** The IOM recommendation of no cow’s products is based on an AAP position restricting cow’s milk before the age of 1.<sup>3</sup> The AAP position recommends no cow’s milk before 1 year of age but does not offer specific recommendations about cow’s milk products.<sup>4</sup> We believe the primary concerns related to delaying the introduction of cow’s milk do not necessarily extend to cow’s milk products.

Iron deficiency anemia is a concern with cow’s milk because it typically replaces iron-fortified formula or breast milk and contains smaller amounts of iron.<sup>5</sup> We believe this situation is unlikely to occur with cow’s milk products. Allergies are another area of potential concern, but many infants have already been exposed to cow’s milk proteins in infant formula.

According to FITS, cow’s milk products such as yogurt and cheese are commonly consumed among older infants.<sup>3</sup> In fact, they are commonly served through CACFP since the program allows cheese and other milk products to be served to older infants. Cow’s milk products are also a good source of protein for older infants, especially infants on vegetarian diets. If yogurts are allowed on the meal pattern for older infants, we recommend only allowing unsweetened, plain yogurts. Providers could choose to mix the yogurt with pureed fruit to add natural sweetness if desired. We do not recommend allowing cheese food or spread for infants in order to limit the service of highly processed foods that are also high in sodium.

### **D. Infant Fruits and Vegetables**

**APHA endorses the addition of fruits and vegetables as a component of infant snacks.** Increasing the early exposure to fruits and vegetables in infants can result in increased consumption and acceptance of new foods.<sup>4, 5, 6, 7</sup> We believe requiring fruits and vegetables as

part of the infant snack is an important step toward creating healthy eating habits in the future. The American Academy of Allergy, Asthma, & Immunology suggests that fruits and vegetables can be good first complementary foods because they are not highly allergenic.<sup>8</sup>

## II. Child and Adult Meal Pattern

### A. Fruits and Vegetables

CACFP provides an important opportunity to increase the variety of fruits and vegetables offered as part of the meal pattern. Infants and children consistently do not consume enough vegetables. In a sample of children ages 1-5 years participating in WIC, the children only consumed 17 percent of recommended dark green vegetable intakes, 64 percent of recommended starchy vegetable intakes, 48 percent of recommended red-orange vegetable intakes and 44 percent of total vegetable intakes.<sup>9</sup> In contrast, children's total intake of fruit was 122 percent of the recommendation. Similarly, National Health and Nutrition Examination Survey (1999-2002) reports higher percentages of children 2-18 years of age meeting fruit recommendations than vegetable recommendations especially among children 2-5 years of age.<sup>10</sup> APHA offers the following endorsement to support fruit and vegetable intake and strengthen the proposed rule:

- **APHA endorses separating the fruit and vegetable component.** We recommend strengthening the proposed change by allowing the option to serve two vegetables for lunch or supper rather than a fruit and a vegetable. This would strengthen the impact of the proposed change by helping to bring vegetable consumption closer to the Dietary Guidelines. Children consistently do not consume enough vegetables. Allowing the option to serve two vegetables rather than mandating a fruit and a vegetable could also potentially help to reduce the offering of juice as the fruit for meals, as overconsumption of fruit juice is a common problem. In addition, a two vegetable option would also allow flexibility to plan menus that maximize local and seasonal availability of produce.

According to CACFP data cited in the Regulatory Impact Analysis, fruits and vegetables are served at similar rates in the current fruit and vegetable component with 52 percent of servings composed of fruits and 48 percent of vegetables in CACFP homes, and 48 percent of servings composed of fruits and 52 percent of vegetables in CACFP centers. The separation of the fruit and vegetable components will be more effective if providers can serve two vegetables.

### B. Grains

APHA appreciates the USDA's efforts to improve the nutritional quality of grains served to CACFP participants. Whole grains are an important source of dietary fiber, B vitamins and minerals.<sup>11</sup> Consumption of whole grains is associated with a lower risk of many conditions including cardiovascular disease, stroke, hypertension, type 2 diabetes and obesity.<sup>12</sup> Whole grains are underconsumed among preschool children.<sup>13,14</sup> According to NHANES (1999-2004), average consumption of whole grains in children 2-5 years of age was only 0.45 servings per

day, and only 8.4 percent of study participants consumed the minimum recommended 1.5 servings per day.<sup>12</sup> One of the primary reasons for low whole grain consumption among young children is low consumption by adults resulting in low availability and accessibility to children. It is particularly important to support increased whole grain consumption in preschool children because their dietary habits may continue into adulthood. APHA asserts the following positions regarding the proposed grain standards:

- **APHA endorses the requirement that at least one serving per day of grains be whole grain-rich.** Given the health benefits that whole grains offer, the proposed rule will help ensure minimum standards for whole grain consumption. APHA believes that this guideline should be consistent across all grains including breakfast cereals. We recommend that compliance with this requirement be assessed during on-site monitoring reviews not through monthly menu auditing and meal deductions. Some studies demonstrate that accurately identifying whole grain products may be challenging for consumers.<sup>15,16</sup> Providing quality training and resources to child care providers on this topic has been shown to increase the identification and provision of whole grains significantly.<sup>17</sup>

**APHA endorses the exclusion of grain-based desserts from being used to meet the grain component requirement.** Grain-based desserts are one of the top sources of added sugar in the diets of children 2-8 years of age.<sup>12</sup> FITS demonstrates that the consumption of grain-based desserts such as cakes, pies, cookies and pastries is already widespread among young children.<sup>3</sup> They are not a necessary dietary component because there are many other foods available that can be used to meet grain recommendations. Limiting grain-based dessert consumption in child care is an important step in reducing overall consumption of added sugar and implementing this requirement appears to be feasible. Delaware recently implemented a similar requirement that limited the service of sweet grains/baked goods to no more than once every two weeks for snack only. Following Delaware's implementation of the requirement, more than 73 percent of sites surveyed were compliant.<sup>18</sup> We recommend defining grain-based desserts using Section 3: Grains/Breads Exhibit A of the Food Buying Guide for Child Nutrition Programs, which denotes desserts with superscripts 3 and 4.<sup>19</sup>

- **APHA endorses adopting the WIC sugar limit of 6 grams of sugar per 1 ounce of dry cereal.** We agree with IOM's recommendation to implement a sugar limit for breakfast cereals because many ready-to-eat cereals are high in sugar, and there are many cereal options available that meet the sugar limit.
- **APHA opposes adopting the entire set of WIC cereal requirements and the WIC lists.** We recommend maintaining consistent whole grain criteria for all eligible grain products including breakfast cereals. We oppose the proposal to adopt the full set of WIC cereal standards because it would establish an unnecessarily complicated set of standards including additional fortification, FDA health claim requirements and a separate and different whole grain standard. This proposal, to use the full set of WIC cereal standards, seems to be based in part on the mistaken assumption that all eligible

cereals are on the state WIC lists. State WIC agencies limit the number of WIC eligible cereals listed to conserve space in their food guides and minimize confusion by vendors. Additionally, WIC cereal lists are often subject to state cost containment efforts that may unnecessarily limit CACFP cereal options.<sup>20</sup> There is too much variability in the content of the state WIC cereal lists to use them as defacto nutrition criteria for a federal food program. The full set of WIC cereal nutrition standards are too complicated for CACFP providers to determine without a list.

### C. Meat and Meat Alternates

APHA offers the following endorsements and recommendations to support the service of healthy meat and meat alternates:

- **APHA endorses the allowance of tofu to be counted as a meat alternate.** Tofu is a nutritious form of protein. It is widely used in vegetarian and vegan diets as a meat alternative due to its high levels of protein and low levels of saturated fat. Moreover, it is a main staple in many Asian diets such as Korean, Chinese, Japanese and Indian. In such cultures, tofu is often a primary source of protein, widely served to children starting at infancy, and is an important cultural denominator. Tofu is a ubiquitous food that can be served hot or cold; firm or soft; uncooked, fried, blended, baked or boiled; in breakfast, lunch, dinner, snacks, drinks and desserts. Some popular ways to cook tofu include in omelets, stir fries, tofu “steaks,” soups and stews.
- **APHA recommends that the words “recognizable”, “customary” and “usual” as applied to tofu be reinterpreted in guidance language to include tofu soups and stews.** The USDA memo: Crediting Tofu and Soy Yogurt Products (SP 16 -2012; February 22, 2012) includes the following section: “However, products made with tofu that are not easily recognized as meat substitutes, would not contribute to any component of the reimbursable meal and do meet the customary and usual function of the meat/meat alternate component. Soft tofu for example, blended into a recipe so that it is not recognizable (i.e. in a soup) or does not represent a meat substitute (i.e. tofu noodles) does not qualify as a meat alternate.” We agree with USDA’s clarification that tofu in a form that does not represent a meat substitute such as tofu noodles should not be considered a meat alternate. However tofu soups and stews are a customary part of the diet of many Asian cultures. Mashed up tofu is often the primary protein source in soups or stews, serving as an essential introduction into that particular culture’s way of eating. APHA is concerned that such language undermines the traditional food preparation and eating preferences of many Asian families. Terms such as “customary”, “usual” and “recognizable” as currently interpreted favor foods that are more common in Western diets. Restricting these items from the list of creditable food items will disproportionately create barriers for the providers serving these communities. In addition, not allowing tofu to be recognized in different forms will limit the exposure young children have to their native foods and the establishment of healthy, culturally appropriate eating habits.

- **APHA recommends USDA define “luncheon meat” using the U.S. Dietary Guidelines description of “processed meats.”** In answer to USDA’s question regarding the definition of luncheon meat, we recommend the following U.S. Dietary Guidelines description: “Meat, poultry, or seafood products preserved by smoking, curing or salting, or addition of chemical preservatives. Processed meat includes bacon, sausage, hot dogs, sandwich meat, packaged ham, pepperoni and salami.” In addition, USDA could consider a definition for what constitutes a lower-fat option.

#### **D. Milk**

**APHA endorses permitting yogurt as a fluid milk alternate up to one time per day across all eating occasions for adults.** This provision will allow increased flexibility in the meal pattern for adults. It also provides a lower-lactose option for adults who may be lactose intolerant.

#### **E. Age Groups**

**APHA recommends retaining the current three age groups in the meal pattern for children and not adding a fourth age group (13-18 years of age).** A fourth age group (13-18 year old age) should not be added to the meal pattern without an increase in the reimbursement to cover the costs of providing larger portion sizes to older children and strong consideration of the administrative impact that would be triggered by implementing this requirement. At this time, it would work best to continue with the current meal pattern three age groups including the current footnote: “1.Children ages 13 through 18 must be served minimum or larger portion sizes specified in this section for children ages 6 through 12.”

### **III. Best Practices**

APHA agrees with USDA that the best practices are important guidelines. As USDA points out in the rule, there is no federal reimbursement for meeting the best practices. Unfortunately, Congress offered no new money to support the new rule, standing in the way of much-needed improvements. We support the clear protections in the proposed rule.

#### **A. Infants**

**APHA endorses the best practice to support mothers who choose to breastfeed their infants.** We recommend that this best practice focus on helping child care providers create environments that are welcoming, supportive and conducive to breastfeeding. This includes providing a quiet, private, clean area to breastfeed, assuring proper storage and preparation of breast milk provided by mothers, and posting supportive signage such as “Breastfeeding is welcome here.” We believe the best sources of information about breastfeeding are physicians, dietitians, lactation consultants, nurses and WIC providers. If child care providers use education materials, we strongly call for the materials to be evidence-based. One of the best sources of materials is WIC, and the Healthy Hunger-Free Kids Act allows USDA to provide materials developed for WIC to CACFP at no cost.<sup>21</sup>

## B. Fruit Juice

**APHA recommends changing the best practice of limiting juice on the menu to no more than once per day to a requirement.** AAP, the American Heart Association and the Robert Wood Johnson Healthy Eating Research Recommendations for Healthier Beverages recommend limiting juice consumption to no more than 4 to 6 ounces per day among children 1-6 years of age because juice offers no benefits over whole fruit and can contribute to energy imbalance.<sup>22,23,24</sup> Healthy Eating Research from RWJF reported on the negative consequences of excessive juice consumption on children's health including excess caloric intake and weight gain.<sup>25</sup> Allowing more than one serving of juice per day increases juice consumption in young children beyond the recommended limit. Juice has been shown to be the second largest source of calories among children 1-2 years of age, and there have been significant increases in the percentage of young children consuming juice and the quantity of juice young children consume in the last two decades.<sup>26,27</sup> On average, young children who drink fruit juice consume more than the recommended 6 ounce limit per day, and some populations of children consume as much as 160 percent the recommended limit on average.<sup>28,29,30</sup> Allowing juice more than once per day could contribute to the already low levels of non-juice fruit and vegetable consumption when served at meals or snacks as the fruit or vegetable component.<sup>31</sup> We believe that limiting fruit juice consumption may increase the quantity of whole fruit served and may increase the variety of fruits served.

It is a common practice for state CACFP agencies to recommend that child care centers and homes serve fruit juice no more than once a day. In the Food Research and Action Center's survey of state CACFP agency nutrition and wellness practices one third of the states responding had formal enhanced nutrition standards limiting fruit juice to a maximum of one serving per day. For example, as a result of the Florida Bureau of Child Nutrition Programs' policy limiting juice to a single serving per day, fruit was offered 30 percent more often on menus. The bureau also offers workshops to reinforce the nutrition standards, and developed supporting materials, including cookbooks, menu planners and parent fact sheets. The juice standard, which met with some resistance at the beginning, has now been fully and successfully implemented. Please see the Florida model program description for additional details on their initiative: [http://frac.org/pdf/cacfp\\_case\\_study\\_florida\\_higher\\_standards.pdf](http://frac.org/pdf/cacfp_case_study_florida_higher_standards.pdf).

Research shows that a significant percentage of child care sites currently limit the service of juice to once per day.<sup>28,29,32</sup> Some states such as California and Delaware are already implementing child care licensing limits on the number of juice servings offered in child care settings. Child care sites in California have demonstrated the feasibility of limiting the service of juice to one serving per day as indicated by the more than 7 percent increase in compliance from 73 percent to 80 percent merely a year after the implementation of the California Healthy Beverages in Childcare law.<sup>33</sup> Compliance with Delaware's juice limit was also relatively high following the implementation of the Delaware CACFP/Delaware rules for nutrition.<sup>34</sup>

The Regulatory Impact Analysis estimates that there is an increased cost of making the best practice of limiting juice to once per day a requirement. Nationally, on average, the cost of purchasing fruits and vegetables is more than the cost of purchasing juice. Providers have indicated that this provision is easier to understand and consequently less risky than the other proposed best practices. They also agree it will cost more. However, child care organizations report that overall providers see making this best practice into a requirement as a priority because it is doable within the full package of proposed changes. This will be an important improvement to the rule.

### **C. Fruits and Vegetables**

**APHA endorses the best practices of making at least one of the two required components of snack a fruit or vegetable, providing at least one serving each of dark green, vegetables, red/orange vegetables and legumes once per week, and limiting fried and pre-fried foods to no more than one serving per week.** Following these best practices will help to increase the quantity and variety of fruits and vegetables consumed by CACFP participants. It will also promote the consumption of vegetables with less saturated fat.

### **D. Grains**

**APHA strongly endorses the best practice of providing at least two servings of whole grain or whole grain-rich grains per day.** Offering a best practice for whole grains is an important stepping stone toward aligning CACFP with the Dietary Guidelines for Americans. This best practice will provide guidance to child care providers who would like to go beyond CACFP requirements.

### **E. Meat and meat alternates**

**APHA endorses the best practices of serving only lean meats, nuts, legumes, limiting the service of processed meats to no more than once per week, limiting the service of fried and pre-fried foods to no more than once per week, and serving only natural cheeses.** These recommendations will help to limit the consumption of excess calories, saturated fat and sodium.

## **IV. USDA Questions: Milk and Yogurt Alternatives**

- **APHA recommends prohibiting the service of flavored milk to children 2 through 4 years of age.** Overall, flavored milk consumption is low in this age group. A national study of children 2 and 3 years of age found that only 10 percent and 14 percent of children, respectively, consumed flavored milk.<sup>13</sup> Additionally, few child care sites currently serve flavored milk. Prior to the implementation of the California Healthy Beverages in Childcare law, only 10.5 percent of facilities reported ever serving flavored milk and only 1.6 percent reported serving flavored milk the day before taking the survey.<sup>33</sup> These rates decreased after the law's implementation to 7.4 percent and 0.5 percent, respectively. The service of flavored milk in a child care context is consistently low across many studies in different locations throughout the U.S. suggesting that this

change would place minimal burden on programs.<sup>33,34,35,36</sup> Early exposure to sweetness has been associated with greater preference for sweet tastes later in life.<sup>37</sup> Studies suggest that infant exposure to sugar water has effects that are detectable at 6 to 10 years of age.<sup>38</sup> Because of this, it may be helpful to take steps to reduce sugar intake early in life.

- **APHA recommends the best practice of serving only unflavored milk to all participants be made a requirement.** The Robert Wood Johnson Healthy Eating Research Recommendations for Healthier Beverages make a very compelling case for eliminating flavored milk from child care and afterschool programs. The research is clear, the negative consequences of flavored milk consumption on children's health include excess caloric intake and weight gain.<sup>39</sup> AHA guidelines recommend limiting discretionary calories in young sedentary children to 100-150 kcal, and the World Health Organization and the 2015 Dietary Guidelines Advisory Committee recommend limiting added sugar to less than 10 percent of calorie intake.<sup>38,40</sup> We believe it is important to limit added sugar because sugar consumption is already high among children – 268 calories or 13.4 percent of total calories per day on average. Allowing only unflavored milk will reduce the amount of added sugar consumed by CACFP participants.
- **APHA recommends requiring that yogurt contain no more than 23 grams of sugar per 6 ounce serving.** We believe that it is important to limit added sugar in the diet. The level of sugar in yogurt is declining. Recently, Dannon made an agreement with the Partnership for a Healthier America, to reduce the sugar in their yogurts to 23 grams per serving by 2016. This suggests that it would not be difficult for providers to find yogurt that fit this criteria by the time this rule is implemented. However, guidelines that require providers to read nutrition labels and potentially perform calculations may be challenging. We suggest creating a conversion chart for providers that shows the acceptable levels of sugar among containers with different serving sizes to assist providers in choosing yogurts that meet the standard.

## V. Other Food Provisions

### A. Food Preparation

- **APHA endorses the disallowance of frying as an on-site food preparation method.** We recommend USDA issue guidance with a clear definition. We recommend that the definition of frying be limited to deep fat frying, i.e. submerging food in hot oil or fat. We agree with IOM's recommendation that it is okay to stir fry or sauté foods such as vegetables, eggs or meats in a small amount of liquid oil.<sup>3</sup> Because one of the primary goals of this proposed requirement is to reduce the consumption of solid fats, we suggest creating a best practice that recommends substituting liquid oils in place of solid fats when stir frying foods in small amounts of oil. This would be consistent with the most recent report from the U.S. Dietary Guidelines committee.
- **APHA recommends integrating training and technical assistance on the best practice of limiting the service of commercially prepared fried foods to no**

**more than once per week.** State agencies and sponsoring organizations have successfully implemented best practices related to limiting the service of commercially prepared fried foods through:

- providing nutrition education emphasizing the importance of healthy choices and the negative health consequences of unhealthy choices;
- training on menu planning, healthy product identification and smart shopping; and
- hosting food preparation and cooking skills development classes locally or regionally and through web-based videos.

This type of education and training should be integrated into the proposed improvement to ban on-site frying. The CACFP state agency for North Carolina implemented a USDA Child Care Wellness Grant funded nutrition education initiative which included training on cooking skills and healthy menu planning. Limiting fried foods including commercially prepared fried foods was also a featured topic in the new education options created for the initiative: an online self-study module on childhood obesity prevention, and a 20-hour nutrition and physical activity training for early care and education professionals offered through rural community colleges. For more information on North Carolina's model program, please see: [http://frac.org/pdf/cacfp\\_nc\\_case\\_study.pdf](http://frac.org/pdf/cacfp_nc_case_study.pdf).

## **B. Family-style Meal Service**

**APHA endorses codifying family-style meal service.** We believe that providing a definition will be helpful to facilities and may support family-style service in facilities that do not currently allow the practice.

## **C. Offer Versus Serve**

**APHA endorses the allowance of offer versus serve as a meal service option for children receiving meals in at-risk afterschool care centers.** Offer versus serve can help to increase options and decrease plate waste and food costs.

## **D. Prohibition on Using Food as Reward or Punishment**

**APHA endorses the prohibition of using food as reward or punishment.** The proposed rule states that "Meals served under this part must contribute to the development and socialization of children by providing food that is not used as a punishment or reward." We agree with this proposed regulation. USDA does not have oversight over the use of food as reward or punishment outside the CACFP meals and snacks. The foods outside of CACFP meals and snacks are overseen by child care licensing laws, which often include policy on the prohibition of using food as a reward or punishment. Because CACFP does not have the ability to enforce this rule outside the CACFP meals and snacks, we believe education is an important component of this regulation.

## **E. Water Availability**

**APHA recommends that water be made readily available as developmentally appropriate.**

We believe plain water should be made available and encouraged for self-serve at all times throughout the day. The proposed rule should be modified to account for the age groups served by CACFP. Requiring that water be available upon request may not be sufficient to ensure proper hydration for small children who may not know to ask for water. The water requirement will not have a meaningful impact if the water is not readily available and visible to children in care. The YMCA and other child care organizations have implemented successful policies requiring water pitchers to be out and available at all times. Child care providers can also build water breaks into the day. We suggest providing education to care providers around the provision of water, encouraging but not requiring that water be on the table during meals and snacks, requiring that water be continuously available, and requiring that water be provided in developmentally appropriate ways such as offering water in sippy-type cups or scheduling regular water breaks for young children.

## **VI. Implementation**

Implementation of the new rules will require ample lead time, phased-in changes and grace periods. Implementation and administration of this new rule will be resource-intensive. It is important to use strategies that will make implementation of these regulations as successful as possible. It is helpful to use strategies that take into account the time needed for providers to learn about and implement the new CACFP meal pattern and address the challenges that providers may encounter. Strategic implementation will help sustain the participation of child care centers, family child care home providers and afterschool programs in CACFP.

- **APHA recommends that implementation occur in phases over the course of several years.** This will help ensure that there is enough time for providers to be trained and that providers will not be overburdened by the introduction of too many changes simultaneously.
- **APHA recommends including a learning or grace period between training and enforcement of the regulations.** This will help ensure that providers have time to thoroughly learn and implement the meal pattern standards before they are enforced.
- **APHA recommends minimizing administrative requirements and risk.** Maintaining the practical balance needed to improve the nutritional value of the meals served without diminishing the value of CACFP to providers and the children they serve is absolutely essential. If the new rule is administratively onerous, providers will stop participating in CACFP. We urge USDA to avoid creating new recordkeeping burdens or increasing the risk of unreimbursed costs due to disallowed meals and snacks. Compliance with the new requirements can be assessed during on-site monitoring reviews, rather than through monthly audits and meal reimbursement deductions. USDA's successful implementation of the requirement to serve non-fat or low-fat milk provides an excellent model.

## **VII. Training**

## A. Training and Materials

In advance of implementation, USDA should supply materials and training resources for providers, staff and cooks in English and Spanish and other languages identified by state agencies. In FRAC's survey of state CACFP agencies, the majority of states, 83 percent, reported needing materials and training resources in languages other than English for the providers in their state. States reported needing materials and training in Spanish, Chinese and 13 other languages. Currently, only one quarter of state agencies offering nutrition education materials and training have any versions translated into another language. Materials were primarily translated into Spanish; however, one state had materials available in Chinese. Creating materials and training resources in languages other than English would help alleviate several barriers while creating new opportunities for growth. First, the resources would allow limited English speaking child care providers to more fully participate in professional development and educational activities, and potentially attract more child care homes and centers to join CACFP. Second, the resources would increase understanding, communication and transparency between state agencies and child care providers. Finally, the resources would also maximize child care providers' ability to provide the most nutritious meals and snacks for healthy, happy children. We would also like to acknowledge in addition to written materials, child care providers would also benefit from translated visual and audio training resources. Translating materials and training resources with attention to cultural subtleties would help alleviate not only language but also cultural barriers that child care providers face.

## VIII. Model Wellness Policies and a Recognition Program

- **APHA recommends USDA create CACFP model wellness policies featuring the CACFP best practices and non-CACFP child care-wide policies governing the elimination of sugary beverages.** As explained in the rule preamble, the Healthy, Hunger-Free Kids Act, section 221: Promoting Health and Wellness in Child Care, directs USDA to support child care providers in promoting good nutrition, health and wellness. USDA has launched a campaign to provide education, encouragement, training and technical assistance to implement nutrition and wellness recommendations. The next step in the campaign will be the implementation of this meal pattern rule. As part of this next phase, we recommend USDA create and promote model wellness policies featuring the CACFP meal pattern best practices and non-CACFP child care-wide policies governing health and wellness including the elimination of sugary beverages. These model wellness policies should be part of the education, encouragement, training and technical assistance given to CACFP child care centers, family child care homes and afterschool programs.
- **APHA recommends the establishment of a USDA CACFP recognition program, similar to the HealthierUS Schools Challenge, with comprehensive criteria including CACFP best practices and non-CACFP child care-wide health and wellness policies including the elimination of sugary beverages.** This meal pattern rule is a good first step toward the full set of improvements needed to bring CACFP meals

and snacks fully into compliance with the U.S. Dietary Guidelines. The best practices are an innovative solution to the constraints imposed by the need to translate IOM's recommendations into a cost-neutral operationally appropriate set of regulations. A recognition program offers providers an opportunity to achieve higher standing by meeting all the best practices. Providers can use this to market their child care and afterschool programs as healthier. The HealthierUS Schools Challenge has been a very successful initiative offering recognition to high performing schools. We recommend a similar program be established for CACFP.

## **IX. School-based Provisions**

We believe it is important to align recommendations with the goal of streamlining the programs interface and maintaining existing flexibilities. Thus, we would like to make specific recommendations for programs such as school-based Pre-K and afterschool programs, as well as community-based programs that use schools to vend meals and snacks.

- **APHA recommends establishing a new age-grade group for use with school-based Pre-K programs.** The proposed NSLP and SBP rules covering children ages 1-4 years old could be grouped into a Pre-K grade group. A Pre-K grade group would work well with the existing age-grade group K-5 (5-10 year olds). This recommendation would help to simplify food service to groups of Pre-K children that may include 5-year-olds or groups of kindergarten children that may include 4-year-olds. The new age-grade group should be added to the current age-grade groups for the NSLP in 7 CFR §210.10(c)(1) and for the SBP in 7 CFR §220.8(c)(1).
- **APHA recommends maintaining the ability to offer a single menu if Pre-K and elementary school students are in the cafeteria at the same time, and flexibility for school vended meals.** The ability to offer a single menu is currently in place for the NSLP and SBP according to USDA memo: SP 10-2012 (v.8).<sup>41</sup> We would like to maintain this flexibility for school-based programs. In addition, maintaining flexibility for the many community-based CACFP afterschool and center programs with school vending will be crucial to keeping those programs viable. Currently, "the state agency may allow institutions which serve meals prepared in schools participating in the National School Lunch and School Breakfast Programs to substitute the meal pattern requirements of the regulations governing those Programs (7 CFR part 210 and 7 CFR part 220, respectively)." We recommend that this regulation, with conforming amendments to reflect the new rules, be continued.

## **Conclusion**

In summary, APHA strongly endorses the need to revise the CACFP meal standards and urges USDA to make the necessary changes to these standards after analyzing the comments. By doing so, USDA can ensure that millions of low-income children receive high quality meals that support learning, health and general well-being. Thank you for this opportunity to share our

support for revising the CACFP meal standards as well as our recommendations to make the proposed rule even stronger.

Sincerely,



Georges C. Benjamin, MD  
Executive Director

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