**TAKE ACTION! Comment on USDA’s Proposed CACFP Meal Pattern**

***Due May 27 2015, at 8:59 PM Pacific Time (11:59 PM Eastern Time)***

On January 9, 2015, USDA released a proposed rule for an updated CACFP meal pattern. Under direction from Congress, USDA must better align the meal pattern with the 2010 Dietary Guidelines for Americans. This proposal is the first major update of the CACFP meal pattern since the program's inception in 1968.

The proposed revisions reach well beyond the 475,000 California children receiving CACFP snacks and meals in child care facilities each day, because in California all licensed child care centers must follow the CACFP meal pattern whether or not they participate in the program. CFPA encourages all early childhood stakeholders to comment on the proposed rule. This is a unique opportunity to share your thoughts on early childhood nutrition; all comments will be included in the record and reviewed by USDA.

Below is a sample letter of support. Organizations and groups are urged to personalize this sample letter to explain why a healthy CACFP meal pattern is needed. Feel free to use some or all of the comment sections from this sample letter. Fact sheets and other resources can be found at: <http://cfpa.net/proposed-cacfp-meal-pattern-changes>.

**HOW TO SUBMIT YOUR COMMENTS:**

* Follow this [link](http://www.regulations.gov/#!submitComment;D=FNS-2011-0029-3284)
* Fill out the online form
* Attach your comments as a Word doc or PDF
* Make sure to click “Submit Comment” before 8:59PM PT on Wednesday, May 27

**Questions?** Contact Elyse Homel Vitale at 510.433.1122 ext. 206

 *[Print Organizational Support Letters on Letterhead]*

*[Insert date]*

Tina Namian, Branch Chief

Policy and Program Development Branch, Child Nutrition Programs
Food and Nutrition Service, Department of Agriculture
Post Office Box 66874

St. Louis, Missouri 63166

Docket ID: FNS-2011-0029

**Re: Support Nutrition in the Child and Adult Care Food Program Meal Pattern Revisions**

Dear Ms. Namian:

*[Organization]* commends Secretary Vilsack and the Food and Nutrition Service (FNS) for their efforts to improve the health and well-being of children served through the Child and Adult Care Food Program (CACFP). Thank you for this opportunity to provide comments on the United States Department of Agriculture’s (USDA) proposed rule on the CACFP Meal Pattern Revisions.

*[Insert information about organization, such as mission and interest in childhood nutrition.]*

We strongly endorse the proposed changes to better align the CACFP meal pattern with the most current dietary guidelines. CACFP is an essential component of our child care system; not only does the program ensure young children in child care receive healthy foods, but it also supports the overall quality of child care.[[1]](#endnote-1), [[2]](#endnote-2) As such, grounding the nutrition standards in science and supporting their implementation with technical assistance and guidance from the USDA will advance high-quality child care and afterschool programs and will establish healthful eating habits and practices for our nation’s youngest and most vulnerable children. We respectfully submit the following comments.

**SUPPORT BREASTFEEDING AND INFANT HEALTH!**

* Maintain the science-based revision in the infant meal pattern, which delays the introduction of solid foods until age six months.
* Adopt the proposed restriction of serving juice to infants.
* Clarify that child care providers can be reimbursed when a mother breastfeeds her child on site, regardless of age.

Thank you for adjusting the infant meal pattern to be science-based and aligned with American Academy of Pediatrics infant food and feeding guidelines,[[3]](#endnote-3) including supporting breastfeeding, introducing solid foods at six months of age, prohibiting fruit juice, and requiring the service of fruits or vegetables. It is important that USDA provides an expanded definition of “developmentally appropriate” introduction of solid foods. Technical assistance will be needed to support thoughtful observation and assessment of infant readiness for solid foods in collaboration with the parent(s) and/or guardian(s).

We support USDA’s proposal to require a fruit or vegetable serving in the snack meal pattern for the six through 11 month age group and to eliminate fruit juice from the meal pattern for infants. Evidence shows that fruit juice is a top contributor to children’s calorie intake.[[4]](#endnote-4), [[5]](#endnote-5) This proposal would help to ensure that infants are provided more access to a variety of fruits and vegetables, helping to set the stage for better acceptance later in life.

We applaud USDA for including provisions in the proposed rule to promote breastfeeding in CACFP, as the benefits of breastfeeding to mothers and babies are well established.[[6]](#endnote-6) Additionally, please ensure the final rule clarifies that child care providers can be reimbursed when a mother breastfeeds her child on site, regardless of age.

**MAKE BEVERAGES HEALTHIER FOR YOUNG CHILDREN!**

* Establish evidence-based nutrition standards for all the beverages being served through CACFP.

We do not support allowing fruit or vegetable juice to comprise the entire fruit or vegetable component for all meals and snacks. Juice intake has increased overall among children 5 years and younger compared to three decades ago.[[7]](#endnote-7) Evidence suggests that fruit juice is one of the top contributors to children’s calorie intake.[[8]](#endnote-8),[[9]](#endnote-9) Further, fruit juice has several nutritional disadvantages compared to whole fruit and should not be served in place of whole fruits or vegetables.[[10]](#endnote-10),[[11]](#endnote-11),[[12]](#endnote-12),[[13]](#endnote-13),[[14]](#endnote-14) If fruit or vegetable juice is creditable as an entire fruit or vegetable meal component, we strongly urge USDA to limit reimbursement of 100 percent juice (no sugars added) to once a day in age-appropriate portion sizes, as was recommended by the IOM committee.[[15]](#endnote-15)

We encourage USDA to establish health-focused standards for milk. We applaud the Healthy, Hunger-Free Kids Act for requiring low-fat or fat-free milk for children ages two and above, and commend USDA for quickly issuing guidance to states. USDA requested feedback on flavored milk; consuming flavored milk contributes to increased sugar consumption. Compared to children who do not consume flavored milk, flavored-milk consumers have lower intakes of folate, vitamin A, and vitamin C, and higher intakes of total calories and percent of energy from saturated fat.[[16]](#endnote-16),[[17]](#endnote-17),[[18]](#endnote-18) In order to establish life-long healthy habits and for simplicity of implementation across the different types of program sites, we recommend prohibiting the service of flavored milk to all CACFP participants.

We support the proposed requirement that providers make drinking water available to children throughout the day. USDA should, however, clarify that safe, fresh drinking water should be available and accessible for children to serve themselves at all times, both indoors and outdoors. Children should not have to request water from the provider; water should be freely available and children should be encouraged to drink it. As a best practice, providers should be encouraged to serve as role models, drinking water throughout the day instead of drinking beverages such as soda, fruit drinks, and sports drinks that are high in added sugars in front of children.

To support healthy beverage consumption in CACFP, USDA should adopt California’s tested and fully implemented Healthy Beverages in Child Care Law, which limits full strength (100 percent) juice to one age-appropriate serving per day; ensures clean, safe drinking water is readily available and accessible throughout the day; requires only fat-free or low-fat (1%) unsweetened, plain milk be served to children ages two and older; and prohibits beverages with added sweeteners, either natural or artificial.[[19]](#endnote-19)

**DECREASE THE AMOUNT OF ADDED SUGAR CONSUMED BY YOUNG CHILDREN!**

* Maintain the proposed sugar standards for breakfast cereals.
* Establish required sugar standards for yogurt.
* Adopt the proposed restriction on grain-based desserts.

In addition to healthy beverages, CACFP can help decrease the amount of added sugar consumed by young children by establishing some simple and cost-neutral sugar standards. Added sugars are empty calories that put kids at risk of obesity and long-term health problems. The Dietary Guidelines Advisory Committee recently recommended that Americans reduce their consumption of added sugars to no more than 10 percent of calories.[[20]](#endnote-20)

We support the adoption of the WIC standard of six grams of total sugars per serving for breakfast cereal. Limiting sugars in breakfast cereals will help to reduce overall added sugars in the diets of CACFP participants. Aligning the CACFP breakfast cereal sugar standard with WIC will help providers to identify allowable cereals, as most states have lists of WIC-approved cereals. Those resources should be shared with CACFP providers through technical assistance and trainings.

We recommend USDA require that yogurt served through CACFP contain 23 grams or less of sugar per six ounces. This standard would disallow the yogurts with candy, cookies, and other flavored yogurts with high sugar content, while allowing flavored yogurts with a more reasonable amount of sugar. Many yogurts on the market today meet the 23 grams per six ounce standard. In addition, Dannon, a nationally available producer of yogurt, has committed to decrease their entire line of kid yogurts to 23 gram or less of sugar per six ounces by 2016.[[21]](#endnote-21)

We fully support the proposed revision to disallow grain-based desserts from counting towards the grain component. Grain-based desserts are major sources of extra calories, added sugars, saturated fat and trans fat, and they are generally low in nutritional value. According to the National Health and Nutrition Examination Survey (NHANES) grain-based desserts contribute 12.9% of calories from total added sugars and 10.8% of calories from solid fat.[[22]](#endnote-22)

**SUPPORT THE SERVICE OF MORE VEGETABLES!**

* Allow the option to serve two vegetables for lunch or supper rather than a fruit and a vegetable.

Separating the fruit and vegetable components for lunch and supper, as proposed, ensures that a vegetable will be served with each of those meals. USDA should also allow providers to be reimbursed for either (a) a fruit and a vegetable, or (b) two servings of vegetables. This will help increase the amount and variety of vegetables that children consume. It also would allow flexibility to take advantage of local and seasonal availability of vegetables.

**SUPPORT THE SERVICE OF WHOLE GRAINS!**

* Maintain the whole-grain / whole-grain rich requirement, but only make it applicable when a grain is served during the day.

As a first step toward increasing whole grains in CACFP, we support the requirement to make at least one of the grain servings whole grain-rich each day across all eating occasions. This requirement should be applicable only when a grain is served during the day. The health benefits of eating whole grains are well known and it is important to teach young children that eating whole grains is part of a healthy diet. In the future, when direct costs to providers decrease, we would like to see more whole grains served through CACFP. Identifying and purchasing whole grain products can be complicated and confusing; providing tools and phased-in requirements would facilitate the process. We recommend adjusting the proposed best practice to “all grain products be whole grain-rich.”

**REDUCE SATURATED FATS!**

* Clarify and strengthen the proposed on-site frying rule in order to simplify implementation and decrease the level of saturated fats in the diets of CACFP participants.

We support the proposed disallowance of frying as an on-site food preparation technique. USDA should establish a definition for frying that is based on prohibiting deep-fried foods. A definition for deep fat frying should be simple and easy to follow for the wide range of CACFP providers. We support the intention to decrease saturated fats in the diets of CACFP participants. As such, USDA should modify the proposed rule to disallow deep-fried foods from vendors, caterers, restaurants, or carry-out facilities. Additionally, USDA should provide guidance on alternative and healthy cooking methods, such as baking, sautéing, broiling, searing, and stir-frying.

**SUPPORT AND STRENGTHEN THE AFTERSCHOOL / AT-RISK PROGRAM!**

* Continue to work with sponsors and sites to better understand how we can support and strengthen CACFP for at-risk participants.

We commend USDA for updating the age group for older children and youth served by CACFP, which is primarily through the At-Risk supper program. We urge USDA to reach out to sponsors and site staff to understand whether the portions in the meals pattern for this age group are sufficient to meet the nutritional needs of teens.

**SUPPORT THE IMPLEMENTATION OF HEALTHY FOODS AND BEVERAGES IN CACFP!**

* Develop new resources that assist with implementation of the healthier standards.
* Allow states and providers adequate implementation time.

We thank USDA for the time and resources FNS has dedicated to CACFP technical assistance to date. We encourage USDA to release new resources that address issues of food purchasing, menu planning, healthy recipes, and healthy food preparation. In particular, there will need to be technical assistance and training related to flavored milk, yogurt, frying, whole grains, juice, and accessible drinking water.

There are different challenges that home-based child care sites face in comparison to center-based sites. However, we urge USDA to keep the standards consistent across sites to ensure children are receiving nutritious meals and snacks regardless of the type of setting. Home-based sites may require additional technical assistance and training to support their efforts.

Implementation of the CACFP final rule will require ample lead time, phased-in changes, and grace periods. Strategic implementation including strong technical assistance and training support will help sustain the participation of child care centers, family child care home providers, and afterschool programs in CACFP. We recommend that implementation occur in phases over the course of several years. This will help to 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.

Thank you for developing this much-needed update to CACFP meals and snacks. I urge the USDA to build upon your proposal to ensure that nutrition-focused and feasible standards are put in place to safeguard and support the health of CACFP participants.

Respectfully,

*[Name, Title, Organization, and Contact information.]*

***WORKS CITED***

1. U.S. General Accounting Office, Health, Education and Human Services Division. (1994). Child care: Promoting quality in family child care (B-257209, GAO/HEHS-95-36). Washington, DC: General Accounting Office. Available at: <http://www.gao.gov/assets/230/220606.pdf>. Accessed January 28, 2010. [↑](#endnote-ref-1)
2. Edwards, C., Knoche, L., Raikes, A., Raikes, H., Torquati, J., Wilcox, B., & Christensen, L. (2002). Child care characteristics and quality in Nebraska. Prepared for the Midwest Child Care Research Consortium. Available at: <http://ccfl.unl.edu/projects_outreach/projects/current/ecp/pdf/finalNeReport.pdf>. Accessed January 28, 2010. [↑](#endnote-ref-2)
3. Infant Food and Feeding. American Academy of Pediatrics. Available at: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/Age-Specific-Content/Pages/Infant-Food-and-Feeding.aspx>. Accessed April 2, 2015. [↑](#endnote-ref-3)
4. Rader RK, Mullen KB, Sterkel R, et al. (2014). Opportunities to Reduce Children's Excessive Consumption of Calories from Beverages. *Clinical Pediatrics*, 1047-54. [↑](#endnote-ref-4)
5. U.S. Department of Agriculture & U.S. Department of Health and Human Services. (2010). Dietary Guidelines for Americans, 2010. Washington, D.C.: U.S. Government Printing Office. [↑](#endnote-ref-5)
6. American Academy of Pediatrics. (March 2012). Policy Statement Breastfeeding and the Use of Human Milk. *Pediatrics*, e827-e841. [↑](#endnote-ref-6)
7. Fulgoni III VL & Quann EE. (2012). National Trends in Beverage Consumption in Children from Birth to 5 Years: Analysis of NHANES across Three Decades. *Nutrition Journal,* 1-11. [↑](#endnote-ref-7)
8. Rader RK, Mullen KB, Sterkel R, et al. (2014). Opportunities to Reduce Children's Excessive Consumption of Calories from Beverages. *Clinical Pediatrics*, 1047-54. [↑](#endnote-ref-8)
9. U.S. Department of Agriculture & U.S. Department of Health and Human Services, see footnote #2. [↑](#endnote-ref-9)
10. American Academy of Pediatrics: Committee on Nutrition. (2001). The Use and Misuse of Fruit Juice in Pediatrics. *Pediatrics*, 1210-1213. [↑](#endnote-ref-10)
11. Evans EW, Hayes C, Palmer CA, et al. (2013). Dietary Intake and Severe Early Childhood Caries in Low-Income, Young Children. *Journal of the Academy of Nutrition and Dietetics*, 1057-1061. [↑](#endnote-ref-11)
12. Mattes R. (2006). Fluid Calories and Energy Balance: the Good, the Bad, and the Uncertain. *Physiology & Behavior*, 66-70. [↑](#endnote-ref-12)
13. Reid M, Hammersley R, Duffy M, et al. (2014) Effects on Obese Women of the Sugar Sucrose Added to the Diet Over a Quasi-Randomized, Single-Blind, Controlled Trial. *British Journal of Nutrition,* 563-70. [↑](#endnote-ref-13)
14. DiMeglio DP & Mattes RD. (2004). Liquid versus Solid Carbohydrate: Effects on Food Intake and Body Weight. *International Journal of Obesity,* 794-800. [↑](#endnote-ref-14)
15. Institute of Medicine. (2011). Child and Adult Care Food Program. Washington, DC: The National Academies Press. [↑](#endnote-ref-15)
16. Kranz S, Lin PJ, & Wagstaff DA. (2007). Children's Dairy Intake in the United States: too Little, too Fat? *Journal of Pediatrics*, 642-646. [↑](#endnote-ref-16)
17. Nicklas TA, O’Neil CE, & Fulgoni VL. (2013). The Nutritional Role of Flavored and White Milk in the Diets of Children. *Journal of School Health*, 728-733. [↑](#endnote-ref-17)
18. Murphy MM, Douglass JS, Johnson R, et al. (2008). Drinking Flavored or Plain Milk is Positively Associated with Nutrient Intake and is Not Associated with Adverse Effects on Weight Status in US Children and Adolescents. *Journal of the Academy of Nutrition and Dietetics,* 631-639. [↑](#endnote-ref-18)
19. California’s Healthy Beverages in Child Care Law, California Health and Safety Code §1596.808. [↑](#endnote-ref-19)
20. U.S. Department of Agriculture & U.S. Department of Health and Human Services. (2015). Scientific Report of the 2015 Dietary Guidelines Advisory Committee. Retrieved from: [http://health.gov/dietaryguidelines/2015-scientific-report/](http://health.gov/dietaryguidelines/2015-scientific-report/04-integration.asp). Accessed on April 2, 2015. [↑](#endnote-ref-20)
21. Dannon. (2014). The Dannon Company Commits To Further Improve Nutrition Profile Of Its Yogurt with Partnership For A Healthier America. Retrieved from: Press Releases: <http://www.dannon.com/partnership-for-healthy-america/>. Accessed on April 2, 2015. [↑](#endnote-ref-21)
22. National Cancer Institute. (2015). Sources of Added Sugars in the Diets of the U.S. Population Ages 2 Years and Older, NHANES 2005–2006. *Risk Factor Monitoring and Methods*. Retrieved from: Cancer Control and Population Sciences: <http://www.nccor.org/downloads/jada2010.pdf>. Accessed February 11, 2015. [↑](#endnote-ref-22)